| Fill in this information to identify your case: |                                                                                |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| United States Bankruptcy Court for the:         |                                                                                |
| District of Maryland                            |                                                                                |
| Case number (If known):                         | Chapter you are filing under:  ✓ Chapter 7  Chapter 11  Chapter 12  Chapter 13 |

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P  | art 1: Identify Yourself                                                                                                                                                                                                                                                         |                                                                                  |                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|
|    | -                                                                                                                                                                                                                                                                                | About Debtor 1:                                                                  | About Debtor 2 (Spouse Only in a Joint Case):                  |
| 1. | Your full name                                                                                                                                                                                                                                                                   |                                                                                  |                                                                |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.                                                                                   | Nestor First name Gustavo Middle name Milla Last name Suffix (Sr., Jr., II, III) | First name  Middle name  Last name  Suffix (Sr., Jr., II, III) |
| 2  | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. |                                                                                  |                                                                |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)                                                                                                                                                                | xxx - xx - 1 2 3 7  OR  9 xx - xx                                                | xxx - xx                                                       |

Case 24-12131 Doc 1 Filed 03/13/24 Page 2 of 49

| lestor | Gustavo | Milla |  |  |
|--------|---------|-------|--|--|
|        |         |       |  |  |

| First Name | Middle Name | Last Name |  |
|------------|-------------|-----------|--|

| Case number ( | f known) |
|---------------|----------|
|---------------|----------|

|                                                              | About Debtor 1:                                                                                                                                                                                | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                             |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Your Employer Identification Number (EIN), if any.        | EIN                                                                                                                                                                                            | EIN                                                                                                                                                                                       |
|                                                              | EIN                                                                                                                                                                                            | EIN                                                                                                                                                                                       |
|                                                              | EIN                                                                                                                                                                                            | EIN                                                                                                                                                                                       |
|                                                              | EIN                                                                                                                                                                                            | EIN                                                                                                                                                                                       |
| 5. Where you live                                            |                                                                                                                                                                                                | If Debtor 2 lives at a different address:                                                                                                                                                 |
|                                                              | 2704 Calgary Avenue                                                                                                                                                                            |                                                                                                                                                                                           |
|                                                              | Number Street                                                                                                                                                                                  | Number Street                                                                                                                                                                             |
|                                                              | Kensington MD 20895                                                                                                                                                                            |                                                                                                                                                                                           |
|                                                              | City State ZIP Code  Montgomery County                                                                                                                                                         | City State ZIP Code                                                                                                                                                                       |
|                                                              | County                                                                                                                                                                                         | County                                                                                                                                                                                    |
|                                                              | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                            | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                |
|                                                              | Number Street                                                                                                                                                                                  | Number Street                                                                                                                                                                             |
|                                                              | P.O. Box                                                                                                                                                                                       | P.O. Box                                                                                                                                                                                  |
|                                                              | City State ZIP Code                                                                                                                                                                            | City State ZIP Code                                                                                                                                                                       |
| 6. Why you are choosing this district to file for bankruptcy | Check one:  ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain.  (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |
|                                                              |                                                                                                                                                                                                |                                                                                                                                                                                           |

Case 24-12131 Doc 1 Filed 03/13/24 Page 3 of 49

Debtor 1 Nestor Gustavo Milla Case number (if known)\_\_\_\_\_

| Pa | art 2: Tell the Court Al                                                   | bout Your E                                   | ankruptcy Case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                            |                                                      |  |
|----|----------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|------------------------------------------------------|--|
| 7. | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under | for Bank                                      | cruptcy (Form 2010)). Also,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of each, see <i>Notice Req</i> go to the top of page 1 a | uired by 11 U.S.C. § and check the appropr | 342(b) for Individuals Filing<br>riate box.          |  |
| 8. | How you will pay the fe                                                    | loca your subr with  I ne App  By li less pay | <ul> <li>I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).</li> <li>I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |                                                          |                                            |                                                      |  |
|    | Have you filed for [bankruptcy within the last 8 years?                    | Distri                                        | ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | When                                       | Case number  Case number  Case number                |  |
|    | affiliate?                                                                 | Yes.  Debtor  District  Debtor                | Go to line 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | When When _                                              | Relationship Case                          | ip to you e number, if known to you number, if known |  |
|    | residence?                                                                 | ✓ Yes.                                        | Has your landlord obtained No. Go to line 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | atement About an Evictio                                 |                                            | √ou (Form 101A) and file it with                     |  |

Case 24-12131 Doc 1 Filed 03/13/24 Page 4 of 49 Nestor Gustavo Milla Debtor 1 Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State **7IP Code** Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ✓ None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor 13. Are you filing under choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you Chapter 11 of the are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your **Bankruptcy Code and** most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor or a debtor as

defined by 11 U.S. C. § 1182(1)?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

No. I am not filing under Chapter 11.

☑No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

ightharpoons Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankrutpcy Code, and I choose to proceed under Subchatper V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

✓ No Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Debtor 1

Nestor Gustavo Milla

First Name Middle Name Last Name Case number (if known)

#### Part 5:

#### Explain Your Effor

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| rts                                                                                                                                                                                                                                                                                                                                                                                                                            | rts to Receive a Briefing About Credit Counseling                                                                                                                                                                                                                          |                                                                                                                                                                    |  |                                                                                                                                              |                                                                                                                                                                             |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                | About Debtor 1:                                                                                                                                                                                                                                                            |                                                                                                                                                                    |  | About Debtor 2 (Sp                                                                                                                           | pouse Only in a Joint Case):                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | You must check one                                                                                                                                                                                                                                                         | <b>:</b> :                                                                                                                                                         |  | You must check one                                                                                                                           | 9:                                                                                                                                                                          |  |  |
| t                                                                                                                                                                                                                                                                                                                                                                                                                              | counseling age                                                                                                                                                                                                                                                             | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.                                                 |  | counseling age                                                                                                                               | efing from an approved credit<br>ency within the 180 days before I<br>uptcy petition, and I received a<br>empletion.                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            | the certificate and the payment you developed with the agency.                                                                                                     |  |                                                                                                                                              | the certificate and the payment you developed with the agency.                                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | counseling age                                                                                                                                                                                                                                                             | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.                                              |  | counseling age                                                                                                                               | efing from an approved credit<br>ency within the 180 days before I<br>uptcy petition, but I do not have a<br>empletion.                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            | fter you file this bankruptcy petition, copy of the certificate and payment                                                                                        |  |                                                                                                                                              | after you file this bankruptcy petition, copy of the certificate and payment                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | services from a<br>unable to obtain<br>days after I made                                                                                                                                                                                                                   | sked for credit counseling<br>n approved agency, but was<br>n those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary waiver<br>ent. |  | services from a<br>unable to obtai<br>days after I made                                                                                      | sked for credit counseling<br>in approved agency, but was<br>in those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary waiver<br>ent.        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. |                                                                                                                                                                    |  | requirement, atta<br>what efforts you<br>you were unable                                                                                     | day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances file this case.   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | dissatisfied with                                                                                                                                                                                                                                                          | be dismissed if the court is<br>your reasons for not receiving a<br>but filed for bankruptcy                                                                       |  | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.      |                                                                                                                                                                             |  |  |
| briefing before you filed for bankruptcy.  If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 |                                                                                                                                                                                                                                                                            |                                                                                                                                                                    |  | If the court is sa<br>still receive a bri<br>You must file a c<br>agency, along w<br>developed, if any<br>may be dismisse<br>Any extension o | tisfied with your reasons, you must efing within 30 days after you file. certificate from the approved ith a copy of the payment plan you y. If you do not do so, your case |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | days.                                                                                                                                                                                                                                                                      | nd to receive a briefing about                                                                                                                                     |  | days.                                                                                                                                        | ed to receive a briefing about                                                                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | I am not required to receive a briefing about credit counseling because of:                                                                                                                                                                                                |                                                                                                                                                                    |  | credit counseli                                                                                                                              |                                                                                                                                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Incapacity.                                                                                                                                                                                                                                                              | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                   |  | ☐ Incapacity.                                                                                                                                | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Disability.                                                                                                                                                                                                                                                                | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.   |  | Disability.                                                                                                                                  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Active duty.                                                                                                                                                                                                                                                               | I am currently on active military duty in a military combat zone.                                                                                                  |  | Active duty.                                                                                                                                 | I am currently on active military duty in a military combat zone.                                                                                                           |  |  |

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

If you believe you are not required to receive a

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

Case 24-12131 Doc 1 Filed 03/13/24 Page 6 of 49

 Debtor 1
 Nestor Gustavo Milla
 Case number (if known)

 First Name
 Middle Name
 Last Name

| Pa  | rt 6: Answer These Ques                                                                                                                                                                                                     | stions for Reporting Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r                                                                                                     |                                               |                                                                                                                      |  |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| 16. | What kind of debts do<br>you have?                                                                                                                                                                                          | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |                                                                                                       |                                               |                                                                                                                      |  |
| 17. | Are you filing under<br>Chapter 7?  Do you estimate that after<br>any exempt property is<br>excluded and<br>administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? | No. I am not filing under Chapter  ✓ Yes. I am filing under Chapter administrative expenses a  ✓ No  ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | er any exempt prope<br>vailable to distribute | rty is excluded and<br>to unsecured creditors?                                                                       |  |
| 18. | How many creditors do you estimate that you owe?                                                                                                                                                                            | 1-49<br>50-99<br>100-199<br>200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                          |                                               | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                                                 |  |
| 19. | How much do you estimate your assets to be worth?                                                                                                                                                                           | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 millio<br>\$50,000,001-\$100 mi<br>\$100,000,001-\$500 n | ion 🔲                                         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
|     | How much do you estimate your liabilities to be?                                                                                                                                                                            | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 millio<br>\$50,000,001-\$100 mi<br>\$100,000,001-\$500 n | ion 🔲                                         | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| Pa  | rt 7: Sign Below                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                               |                                                                                                                      |  |
| Fo  | r you                                                                                                                                                                                                                       | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.                                                                                                                                                                                                                     |                                                                                                       |                                               |                                                                                                                      |  |
|     |                                                                                                                                                                                                                             | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                               |                                                                                                                      |  |
|     |                                                                                                                                                                                                                             | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                               |                                                                                                                      |  |
|     |                                                                                                                                                                                                                             | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                               |                                                                                                                      |  |
|     |                                                                                                                                                                                                                             | /s/ Nestor Gustavo Milla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>y</b>                                                                                              | ζ                                             |                                                                                                                      |  |
|     |                                                                                                                                                                                                                             | Signature of Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | Signature of Debte                            | or 2                                                                                                                 |  |
|     |                                                                                                                                                                                                                             | Executed on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del>yy </del>                                                                                        | Executed on                                   | / DD /YYYY                                                                                                           |  |

Debtor 1

| Nestor Gustavo Milla |             |           | Case number (if known) |
|----------------------|-------------|-----------|------------------------|
| Eiret Name           | Middle Name | Last Name | <del></del>            |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Iris Kwon                    | Date          | 03/13/2024           |
|----------------------------------|---------------|----------------------|
| Signature of Attorney for Debtor |               | MM / DD /YYYY        |
| Iris Kwon                        |               |                      |
| Printed name                     |               |                      |
| Bankruptcy Near Me               |               |                      |
| Firm name                        |               |                      |
| 10605 Concord Street             |               |                      |
| Number Street                    |               |                      |
| 440                              |               |                      |
| Kensington                       | MD            | 20895                |
| City                             | State         | ZIP Code             |
| Contact phone 301-550-5408       | iris@l        | oankruptcynearme.org |
| Contact phone 201 330 3403       | Email address |                      |
| 2110140001                       | MD            |                      |
| Bar number                       | State         | _                    |

| Fill in this information to identify your case:              |                      |             |           |  |  |  |  |
|--------------------------------------------------------------|----------------------|-------------|-----------|--|--|--|--|
| Debtor 1                                                     | Nestor Gustavo Milla |             |           |  |  |  |  |
|                                                              | First Name           | Middle Name | Last Name |  |  |  |  |
| Debtor 2                                                     |                      |             |           |  |  |  |  |
| (Spouse, if filing)                                          | First Name           | Middle Name | Last Name |  |  |  |  |
| United States Bankruptcy Court for the: District of Maryland |                      |             |           |  |  |  |  |
| Case number                                                  |                      |             |           |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|                                                                                                                                                                                                    | Your assets<br>Value of what you own |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$0.00                               |
| in sop, in so, real sourcement, non conocure rep.                                                                                                                                                  |                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$ <u>10,457.42</u>                  |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$ <u>10,457.42</u>                  |
|                                                                                                                                                                                                    |                                      |
| rt 2: Summarize Your Liabilities                                                                                                                                                                   |                                      |
|                                                                                                                                                                                                    | Your liabilities Amount you owe      |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00                               |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$ <u>1,300.00</u>                   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>                                                                                           | <b>+</b> \$ 156,190.32               |
| Your total liabilities                                                                                                                                                                             | \$ <u>157,490.32</u>                 |
| Irt 3: Summarize Your Income and Expenses                                                                                                                                                          |                                      |
| Schedule I: Your Income (Official Form 106I)                                                                                                                                                       |                                      |
| Copy your combined monthly income from line 12 of Schedule I                                                                                                                                       | \$ <u>3,285.35</u>                   |
| Schedule J: Your Expenses (Official Form 106J)                                                                                                                                                     | <sub>\$</sub> 3,637.34               |

Case 24-12131 Doc 1 Filed 03/13/24 Page 9 of 49

Nestor Milla

Debtor 1

| Eiret Name | Middle Name | Lact Name |  |
|------------|-------------|-----------|--|

| Case number (if known) |  |
|------------------------|--|
|------------------------|--|

73,608.00

| Part 4: | <b>Answer These</b> | Questions for | Administrative | and | Statistical | Records  |
|---------|---------------------|---------------|----------------|-----|-------------|----------|
| I WILT. | Allower Theore      | Gacations for | Administrative | unu | Otatiotical | 11000143 |

| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?                                                                                                                        |                                             |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|
|    | <ul><li>No. You have nothing to report on this part of the form. Check this box and submit this fo</li><li>✓ Yes</li></ul>                                                        | orm to the court with your other schedules. |  |
| 7. | What kind of debt do you have?                                                                                                                                                    |                                             |  |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. |                                             |  |
|    | ☐ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.                                          | of the form. Check this box and submit      |  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.         | come from Official \$4,283.29               |  |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :                                                                                      |                                             |  |
|    |                                                                                                                                                                                   | Total claim                                 |  |
|    | From Part 4 on <i>Schedule E/F</i> , copy the following:                                                                                                                          |                                             |  |
|    | 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                  | \$                                          |  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                         | \$1,300.00                                  |  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                               | \$                                          |  |
|    | 9d. Student loans. (Copy line 6f.)                                                                                                                                                | \$72,308.00                                 |  |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                      | \$                                          |  |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                            | + \$                                        |  |

9g. Total. Add lines 9a through 9f.

| Fill i          | n this information to identify your case and this filing:                                                                                                                                                                                                                                                                                                                            |                                                                                 |                             |        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|--------|
| Debt            | tor 1 Nestor Gustavo Milla First Name Middle Name Last Name                                                                                                                                                                                                                                                                                                                          |                                                                                 |                             |        |
| Debt<br>(Spou   |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                             |        |
|                 | ed States Bankruptcy Court for the: District of yland                                                                                                                                                                                                                                                                                                                                |                                                                                 |                             |        |
| Case<br>(if knd | e numberow)                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 | ☐ Check<br>an ame<br>filing |        |
| Off             | ficial Form 106A/B                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                             |        |
| Sc              | chedule A/B: Property                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                             | 12/15  |
| cate            | ach category, separately list and describe items. List an asset only once. If an agory where you think it fits best. Be as complete and accurate as possible. If two onsible for supplying correct information. If more space is needed, attach a see your name and case number (if known). Answer every question.  1: Describe Each Residence, Building, Land, or Other Real Estate | vo married people are filing together,<br>parate sheet to this form. On the top | both are equal              | ly     |
|                 | Do you own or have any legal or equitable interest in any residence, building, la                                                                                                                                                                                                                                                                                                    |                                                                                 |                             |        |
| <u>-</u>        | No. Go to Part 2  Yes. Where is the property?                                                                                                                                                                                                                                                                                                                                        | iu, or similar property:                                                        |                             |        |
| Part            | t 2: Describe Your Vehicles                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                             |        |
|                 | you own, lease, or have legal or equitable interest in any vehicles, whether they own that someone else drives. If you lease a vehicle, also report it on Schedule G                                                                                                                                                                                                                 |                                                                                 |                             |        |
|                 | Cars, vans, trucks, tractors, sport utility vehicles, motorcycles  ☑ No                                                                                                                                                                                                                                                                                                              |                                                                                 |                             |        |
|                 | Yes                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                             |        |
|                 | Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other <i>Examples</i> : Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles   ☑ No ☐ Yes                                                                                                                                                                                             |                                                                                 |                             |        |
|                 | Add the dollar value of the portion you own for all of your entries from Part 2, inclu                                                                                                                                                                                                                                                                                               | ding any entries for pages                                                      |                             |        |
| 5. ý            | you have attached for Part 2. Write that number here                                                                                                                                                                                                                                                                                                                                 |                                                                                 | >                           | \$0.00 |
| Part            | Describe Your Personal and Household Items                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                             |        |
| Do y            | you own or have any legal or equitable interest in any of the following?                                                                                                                                                                                                                                                                                                             |                                                                                 | Current value               |        |
| 6.              | Household goods and furnishings                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | Do not deduc                |        |
|                 | Examples: Major appliances, furniture, linens, china, kitchenware                                                                                                                                                                                                                                                                                                                    |                                                                                 |                             |        |
|                 | ✓ No  ☐ Yes. Describe                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                             |        |
| 7.              | Electronics                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                             |        |
|                 | Examples: Televisions and radios; audio, video, stereo, and digital equipment; comput collections; electronic devices including cell phones, cameras, media playe                                                                                                                                                                                                                    | · · ·                                                                           |                             |        |
|                 | □ No ☑ Yes. Describe                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 |                             |        |
|                 | Laptop                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                             |        |
|                 | Cell Phone                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | \$ <u>450.00</u>            |        |

Case 24-12131 Doc 1 Filed 03/13/24 Page 11 of 49

Debtor 1 Nestor Gustavo Milla
First Name Middle Name Last Name

Nestor Gustavo Milla Case number(if known)

| 8.           | Collectibles of value                                                                                                                                                                                                            |                                                                                    |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|              | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles                            |                                                                                    |
|              | ✓ No  Yes. Describe                                                                                                                                                                                                              |                                                                                    |
| 9.           | Equipment for sports and hobbies                                                                                                                                                                                                 |                                                                                    |
|              | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments                                                            |                                                                                    |
|              | ☐ No  ✓ Yes. Describe                                                                                                                                                                                                            |                                                                                    |
|              | Acoustic Guitar<br>Golf Clubs and Bag                                                                                                                                                                                            | \$ 200.00                                                                          |
|              |                                                                                                                                                                                                                                  | \$ <u>200.00</u>                                                                   |
| 10.          | Firearms                                                                                                                                                                                                                         |                                                                                    |
|              | Examples: Pistols, rifles, shotguns, ammunition, and related equipment                                                                                                                                                           |                                                                                    |
|              | ✓ No  Yes. Describe                                                                                                                                                                                                              |                                                                                    |
| 11.          | Clothes                                                                                                                                                                                                                          |                                                                                    |
|              | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories                                                                                                                                               |                                                                                    |
|              | ☐ No  ✓ Yes. Describe                                                                                                                                                                                                            |                                                                                    |
|              | Used Clothing                                                                                                                                                                                                                    |                                                                                    |
|              |                                                                                                                                                                                                                                  | \$ <u>250.00</u>                                                                   |
| 12           | Jewelry                                                                                                                                                                                                                          |                                                                                    |
| 12.          | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver                                                                                                       |                                                                                    |
|              | ✓ No  Yes. Describe                                                                                                                                                                                                              |                                                                                    |
| 13           | Non-farm animals                                                                                                                                                                                                                 |                                                                                    |
|              | Examples: Dogs, cats, birds, horses                                                                                                                                                                                              |                                                                                    |
|              |                                                                                                                                                                                                                                  |                                                                                    |
|              | ✓ No  Yes. Describe                                                                                                                                                                                                              |                                                                                    |
| 14           | Any other personal and household items you did not already list, including any health aids you did not list                                                                                                                      |                                                                                    |
|              | ✓ No                                                                                                                                                                                                                             |                                                                                    |
|              | Yes. Give specific information                                                                                                                                                                                                   |                                                                                    |
| 15. <i>i</i> | Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here                                                            | > \$900.00                                                                         |
|              | Posoviho Vour Financial Assets                                                                                                                                                                                                   |                                                                                    |
| Part         | 4: Describe Your Financial Assets                                                                                                                                                                                                |                                                                                    |
| Do y         | ou own or have any legal or equitable interest in any of the following?                                                                                                                                                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16.          | Cash                                                                                                                                                                                                                             |                                                                                    |
|              | Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition                                                                                                            |                                                                                    |
|              | ✓ No  ☐ Yes                                                                                                                                                                                                                      | \$                                                                                 |
| 17.          | Deposits of money                                                                                                                                                                                                                | •                                                                                  |
|              | Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each. |                                                                                    |
|              | No  ✓ Yes Institution name:                                                                                                                                                                                                      |                                                                                    |
|              |                                                                                                                                                                                                                                  |                                                                                    |

Case 24-12131 Doc 1 Filed 03/13/24 Page 12 of 49

Case number(if known)

Debtor 1 Nestor Gustavo Milla
First Name Middle Name Last Name

|     | 17.1. Checking account:                                                       | Capital One - 2166                                                                                                                                           | \$ <u>18.75</u>    |
|-----|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|     | 17.2. Checking account:                                                       | TruEnergy - x281                                                                                                                                             | \$ <u>118.56</u>   |
|     | 17.3. Checking account:                                                       | Bank Fund                                                                                                                                                    | \$ <u>634.48</u>   |
|     | 17.4. Checking account:                                                       | M&T Bank                                                                                                                                                     | \$ <u>169.20</u>   |
|     | 17.5. Checking account:                                                       | Chase - 9487                                                                                                                                                 | \$ 469.66          |
|     | 17.6. Checking account:                                                       | Capital One - 1472                                                                                                                                           | \$ 0.00            |
|     | 17.7. Savings account:                                                        | Chase - 4685                                                                                                                                                 | \$ <u>56.00</u>    |
| 18. | Bonds, mutual funds, or public                                                | sly traded stocks                                                                                                                                            |                    |
|     | Examples: Bond funds, investment                                              | t accounts with brokerage firms, money market accounts                                                                                                       |                    |
|     | No  ✓ Yes  Institution or issuer name:                                        |                                                                                                                                                              |                    |
|     | Acorn                                                                         |                                                                                                                                                              | \$ <u>65.07</u>    |
| 19. | an LLC, partnership, and joint                                                | interests in incorporated and unincorporated businesses, including an interest in venture                                                                    |                    |
|     | ✓ No  Yes. Give specific information a                                        | bout them                                                                                                                                                    |                    |
| 20. |                                                                               | nds and other negotiable and non-negotiable instruments                                                                                                      |                    |
|     |                                                                               | sonal checks, cashiers' checks, promissory notes, and money orders.<br>ose you cannot transfer to someone by signing or delivering them.                     |                    |
| 21  | ✓ No  Yes. Give specific information a  Retirement or pension account         |                                                                                                                                                              |                    |
| 21. | ·                                                                             | Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans                                                                     |                    |
|     | □ No                                                                          | , reading reality, reality, reality accounts, or early person or profit and my plants                                                                        |                    |
|     | Yes. List each account separate                                               | ely                                                                                                                                                          |                    |
|     | Type of account Institutio                                                    | n name                                                                                                                                                       |                    |
|     | 401(k) or similar plan: Retireme                                              |                                                                                                                                                              | \$ <u>8,025.70</u> |
| 22. |                                                                               | nents s you have made so that you may continue service or use from a company ords, prepaid rent, public utilities (electric, gas, water), telecommunications |                    |
|     | <b>☑</b> No                                                                   |                                                                                                                                                              |                    |
| 23  | Yes                                                                           | dic payment of money to you, either for life or for a number of years)                                                                                       |                    |
|     | ✓ No                                                                          | and payment of money to you, ettilor for the of the analyses of yours,                                                                                       |                    |
|     | Yes                                                                           |                                                                                                                                                              |                    |
| 24. | Interests in an education IRA, i program.<br>26 U.S.C. §§ 530(b)(1), 529A(b), | n an account in a qualified ABLE program, or under a qualified state tuition and 529(b)(1).                                                                  |                    |
|     | <b>✓</b> No                                                                   |                                                                                                                                                              |                    |
| 25. |                                                                               | rests in property (other than anything listed in line 1), and rights or powers                                                                               |                    |
|     | exercisable for your benefit                                                  |                                                                                                                                                              |                    |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>               | on about them                                                                                                                                                |                    |
| 26. | <del>-</del>                                                                  | s, trade secrets, and other intellectual property                                                                                                            |                    |
|     | Examples: Internet domain names                                               | , websites, proceeds from royalties and licensing agreements                                                                                                 |                    |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information a</li></ul>             | about them                                                                                                                                                   |                    |
|     |                                                                               |                                                                                                                                                              |                    |

Case 24-12131 Doc 1 Filed 03/13/24 Page 13 of 49

Debtor 1 Nestor Gustavo Milla First Name Middle Name Last Name Case number(if known)

| 27.  | Licenses, franchises, and other general intangibles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                   |                      |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|----------------------|
|      | Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional profession | ssional licenses          |                                                                   |                      |
|      | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
|      | Yes. Give specific information about them                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                   |                      |
| Mone | ey or property owed to you?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Current value of portion you ow Do not deduct se claims or exempt | <b>/n?</b><br>ecured |
| 28.  | Tax refunds owed to you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                   |                      |
|      | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
|      | Yes. Give specific information about them, including whether you already filed the returns and the ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ax years                  |                                                                   |                      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Federal:                  | \$ 0.00                                                           |                      |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:<br>Local:          | \$ <u>0.00</u><br>\$ 0.00                                         |                      |
| 20   | Family support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
| 23.  | Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ment property settlement  |                                                                   |                      |
|      | ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nent, property settlement |                                                                   |                      |
|      | Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
| 30.  | Other amounts someone owes you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
|      | Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, wo Social Security benefits; unpaid loans you made to someone else                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rkers' compensation,      |                                                                   |                      |
|      | ✓ No  Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
| 31.  | Interests in insurance policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                      |
|      | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
| 32.  | Yes. Name the insurance company of each policy and list its value  Any interest in property that is due you from someone who has died                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                   |                      |
|      | ✓ No  Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
| 33.  | Claims against third parties, whether or not you have filed a lawsuit or made a demand for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | pavment                   |                                                                   |                      |
|      | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
|      | Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
| 34.  | Other contingent and unliquidated claims of every nature, including counterclaims of the dooff claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ebtor and rights to set   |                                                                   |                      |
|      | ☑ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
| 25   | Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
| 35.  | Any financial assets you did not already list  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                   |                      |
|      | Yes. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                   |                      |
|      | Add the dollar value of the portion you own for all of your entries from Part 4, including any entricou have attached for Part 4. Write that number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | > \$9                                                             | 9,557.42             |
| Part | 5: Describe Any Business-Related Property You Own or Have an Interest In. Li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | st any real estate in     | Part 1.                                                           |                      |
| 37.  | Do you own or have any legal or equitable interest in any business-related property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                   |                      |
|      | ✓ No. Go to Part 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                   |                      |
|      | Yes. Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                   |                      |
| Part | Describe Any Farm- and Commercial Fishing-Related Property You Own or If you own or have an interest in farmland, list it in Part 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Have an Interest In.      |                                                                   |                      |
| 40   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                         |                                                                   |                      |
| 46.  | Do you own or have any legal or equitable interest in any farm- or commercial fishing-related                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ea property?              |                                                                   |                      |
|      | ✓ No. Go to Part 7.  ☐ Yes. Go to line 47.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                   |                      |
|      | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                      |
| Part | 7: Describe All Property You Own or Have an Interest in That You Did Not List                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Above                     |                                                                   |                      |

Case 24-12131 Doc 1 Filed 03/13/24 Page 14 of 49

Nestor Gustavo Milla Case number(if known) Debtor 1 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ✓ No Yes. Give specific information... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2..... \$0.00 56. Part 2: Total vehicles, line 5 \$ 0.00 57. Part 3: Total personal and household items, line 15 \$ 900.00 58. Part 4: Total financial assets, line 36 \$ 9,557.42

\$ 0.00

\$ 0.00

\$ 10,457.42

Copy personal property total➤

10,457.42

\$ 10,457.42

\$ 0.00

59. Part 5: Total business-related property, line 45

61. Part 7: Total other property not listed, line 54

60. Part 6: Total farm- and fishing-related property, line 52

62. Total personal property. Add lines 56 through 61 ......

63. Total of all property on Schedule A/B. Add line 55 + line 62

page 5 of 5

#### Case 24-12131 Doc 1 Filed 03/13/24 Page 15 of 49

| Fill in this in        | formation to ide    | entify your case:           |           |
|------------------------|---------------------|-----------------------------|-----------|
| Debtor 1               | Nestor Gustavo N    | Milla                       |           |
|                        | First Name          | Middle Name                 | Last Name |
| Debtor 2               |                     |                             |           |
| (Spouse, if filing)    | First Name          | Middle Name                 | Last Name |
| United States I        | Bankruptcy Court fo | r the: District of Maryland |           |
| Case number (If known) |                     |                             |           |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt                                                                                                      |                                      |                                                                          |                                                    |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--|--|
| Which set of exemptions are you claiming?                                                                                                              | •                                    | , ,                                                                      |                                                    |  |  |
| ✓ You are claiming state and federal nonbanl ☐ You are claiming federal exemptions. 11 U                                                               |                                      | C. § 522(D)(3)                                                           |                                                    |  |  |
| 2. For any property you list on Schedule A/B to                                                                                                        | nat you claim as exempt, fil         | ll in the information below.                                             |                                                    |  |  |
| Brief description of the property and line on<br>Schedule A/B that lists this property                                                                 | Current value of the portion you own | Amount of the exemption you claim                                        | Specific laws that allow exemption                 |  |  |
|                                                                                                                                                        | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                                    |                                                    |  |  |
| Electronics - Laptop Brief description: Line from Schedule A/B: 7                                                                                      | \$ <u>300.00</u>                     | 300.00 100% of fair market value, up to any applicable statutory limit   | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4) |  |  |
| Electronics - Cell Phone Brief description: Line from Schedule A/B: 7                                                                                  | \$ 150.00                            | \$_150.00100% of fair market value, up to any applicable statutory limit | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4) |  |  |
| Brief Sports & Hobby Equipment - Acoustic Guita description:  Line from Schedule A/B: 9                                                                | \$ 50.00                             | 50.00 100% of fair market value, up to any applicable statutory limit    | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4) |  |  |
| 3. Are you claiming a homestead exemption o (Subject to adjustment on 4/01/25 and every 3  ☑ No ☐ Yes. Did you acquire the property covered ☐ No ☐ Yes | years after that for cases file      |                                                                          |                                                    |  |  |

Debtor

### Nestor Gustavo Milla

First Nam

Middle Name

Last Name

Case number (if known)\_

#### Part 2:

# Additional Page

|                                             |                                                      | -                                    |                                                                 |                                                    |
|---------------------------------------------|------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|
|                                             | of the property and line<br>that lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption                 |
|                                             |                                                      | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                                    |
| Sports & Hot<br>Brief                       | oby Equipment - Golf Clubs and Bag                   |                                      |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| description:                                |                                                      | \$_150.00                            | \$ 150.00                                                       | 11-504 (f)(1)(i)(1)                                |
| Line from                                   |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Schedule A/B: 9 Clothing - Us               | sed Clothina                                         |                                      |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| Brief description:                          |                                                      | \$ <u>250.00</u>                     | \$ 250.00 100% of fair market value, up to                      | 11-504 (b)(4)                                      |
| Line from Schedule A/B: 11                  |                                                      |                                      | any applicable statutory limit                                  |                                                    |
| Capital One -                               | - 2166 (Checking Account)                            |                                      |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| Brief description:                          |                                                      | \$ <u>18.75</u>                      | \$\frac{18.75}{100\% \text{ of fair market value, up to}        | 11-504 (b)(5)                                      |
| Line from Schedule A/B: 17.1                |                                                      |                                      | any applicable statutory limit                                  |                                                    |
|                                             | x281 (Checking Account)                              |                                      |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| description:                                |                                                      | \$ <u>118.56</u>                     | \$ 118.56                                                       | 11-504 (b)(5)                                      |
| Line from Schedule A/B: 17.2                |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Bank Fund (0<br>Brief                       | Checking Account)                                    | 004.40                               | <b>—</b> 201440                                                 | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(5) |
| description:                                |                                                      | \$ <u>634.48</u>                     | \$ <u>634.48</u>                                                | 11-304 (b)(3)                                      |
| Line from                                   |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Schedule A/B: 17.3                          | Checking Account)                                    |                                      |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| Briet                                       | Shootang Accounty                                    | <sub>\$</sub> 169.20                 | <b>√</b> \$ 169.20                                              | 11-504 (b)(5)                                      |
| description: Line from                      |                                                      | T                                    | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Schedule A/B: 17.4                          | 7 (Checking Account)                                 |                                      |                                                                 | Md Codo Ann (Cto & Jud Droo ) &                    |
| Brief                                       | 7 (Checking Account)                                 | <sub>\$</sub> 469.66                 | \$ 469.66                                                       | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(5) |
| description:                                |                                                      | \$                                   |                                                                 |                                                    |
| Line from Schedule A/B: 17.5                |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Chase - 4685<br>Brief                       | 5 (Savings Account)                                  | 50.00                                |                                                                 | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(5) |
| description:                                |                                                      | \$ 56.00                             | \$ <u>56.00</u>                                                 |                                                    |
|                                             |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Line from  Schedule A/B: 17.7  Acorn (Broke | orago)                                               |                                      | any applicable statutory limit                                  | Md. Code Ann., [Cts. & Jud. Proc.] §               |
| Brief `                                     | nage)                                                | <sub>\$</sub> 65.07                  | <b>☑</b> \$ 65.07                                               | 11-504 (b)(5)                                      |
| description:                                |                                                      | Ψ                                    | 100% of fair market value, up to                                |                                                    |
| Line from Schedule A/B: 18                  |                                                      |                                      | any applicable statutory limit                                  |                                                    |
| Retirement 4 Brief                          | 01K                                                  | <sub>\$</sub> 8,025.70               | . 0.005.70                                                      | Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (h)(1) |
| description:                                |                                                      | \$ 0,023.70                          | \$ 8,025.70                                                     | . , , ,                                            |
| Line from                                   |                                                      |                                      | 100% of fair market value, up to any applicable statutory limit |                                                    |
| Schedule A/B: 21                            |                                                      |                                      | and a proposed statutory milit                                  |                                                    |
| Brief                                       |                                                      | \$                                   | П\$                                                             |                                                    |
| description:                                |                                                      | Ψ                                    | 100% of fair market value, up to                                |                                                    |
| Line from Schedule A/B:                     |                                                      |                                      | any applicable statutory limit                                  |                                                    |
| Brief                                       |                                                      |                                      |                                                                 |                                                    |
| description:                                |                                                      | \$                                   | \$ 100% of fair market value, up to                             |                                                    |
| Line from Schedule A/B:                     |                                                      |                                      | any applicable statutory limit                                  |                                                    |

#### Case 24-12131 Doc 1 Filed 03/13/24 Page 17 of 49

| Fill in this information to identify your case:               |               |             |           |  |
|---------------------------------------------------------------|---------------|-------------|-----------|--|
| Debtor 1                                                      | Nestor Gustav | o Milla     |           |  |
| DCDIOI 1                                                      | First Name    | Middle Name | Last Name |  |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name |               |             |           |  |
| United States Bankruptcy Court for the: District of Maryland  |               |             |           |  |
| Case number (if know)                                         |               |             |           |  |

Check if this is an amended filing

#### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ☑ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - $\prod$  Yes. Fill in all of the information below.

Part 1:

**List All Secured Claims** 

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of
claim Do not
deduct the value
of collateral.

Column B
Value of
collateral that
supports this
claim

Column C Unsecured portion If any

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

# Case 24-12131 Doc 1 Filed 03/13/24 Page 18 of 49

|                                     |                                             |                                                          |                                                                                                    |                                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                    |                                                      |                                                   |
|-------------------------------------|---------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| Fill i                              | n this i                                    | nformation to i                                          | dentify your case:                                                                                 |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Debt                                | tor 1                                       | Nestor Gustav                                            |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Dobt                                | tor 2                                       | First Name                                               | Middle Name                                                                                        | Last Name                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Debt<br>(Spo                        |                                             | filing) First Name                                       | Middle Name                                                                                        | Last Name                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Unite                               | ed State                                    | es Bankruptcy C                                          | ourt for the: District of                                                                          | Maryland                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Case                                | e numb                                      | er                                                       |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      | Check if this is                                  |
| (if kn                              | iow)                                        | •                                                        |                                                                                                    | ,                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      | an amended<br>filing                              |
|                                     |                                             |                                                          |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      | IIIIIIg                                           |
| Off                                 | ficial                                      | Form 10                                                  | 6E/F                                                                                               |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Sc                                  | hec                                         | dule E/F                                                 | <br>: Creditors                                                                                    | Who Ha                                                  | ave Unsecured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Claim                                          | S                                                  |                                                      | 12/15                                             |
| other<br>(Offici<br>partia<br>need, | party t<br>ial Forr<br>lly sec<br>fill it o | o any executory<br>n 106A/B) and o<br>ured claims tha    | y contracts or unexpi<br>on Schedule G: Exect<br>at are listed in Schedu<br>entries in the boxes o | red leases that<br>utory Contracts<br>ıle D: Creditors  | rs with PRIORITY claims and<br>could result in a claim. Also I<br>and Unexpired Leases (Offic<br>Who Have Claims Secured by<br>the Continuation Page to t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | list executor<br>ial Form 106<br>y Property. I | ry contracts of<br>GG). Do not inc<br>f more space | n <i>Schedule A</i><br>clude any cre<br>is needed, c | A/B: Property<br>editors with<br>opy the Part you |
| Part                                | 1: L                                        | ist All of Your                                          | PRIORITY Unsecured                                                                                 | Claims                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| _                                   | -                                           | •                                                        | riority unsecured clai                                                                             | ms against you                                          | ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                    |                                                      |                                                   |
|                                     |                                             | to Part 2.                                               |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| _                                   | Yes.                                        |                                                          |                                                                                                    | 12. 1                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I Company                                      | P.                                                 |                                                      |                                                   |
| cla<br>ar<br>cla                    | aim liste<br>nounts.<br>aims, fil           | ed, identify what<br>As much as pos<br>I out the Continu | type of claim it is. If a cassible, list the claims in                                             | claim has both p<br>alphabetical ord<br>f more than one | ore than one priority unsecured or<br>riority and nonpriority amounts,<br>der according to the creditor's na<br>creditor holds a particular claim<br>ction booklet.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | list that claim<br>ame. If you h               | n here and sho<br>ave more than                    | w both priority<br>two priority u                    | and nonpriority nsecured                          |
|                                     |                                             |                                                          |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | Total claim                                        | Priority amount                                      | Nonpriority amount                                |
| 2.1                                 |                                             |                                                          |                                                                                                    | I ast 4 die                                             | gits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                | Ф 1 200 00                                         | Φ 0.00                                               | Ф 1 200 00                                        |
|                                     |                                             | troller of Marylar<br>Creditor's Name                    | nd                                                                                                 |                                                         | s the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | \$ 1,300.00                                        | \$ 0.00                                              | \$ <u>1,300.00</u>                                |
|                                     | ,                                           | ox 8888                                                  |                                                                                                    | As of the                                               | date you file, the claim is: Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | neck all                                       |                                                    |                                                      |                                                   |
|                                     | Number                                      |                                                          |                                                                                                    | that apply                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rook an                                        |                                                    |                                                      |                                                   |
|                                     | Annap                                       | oolis MD 2140                                            | )1                                                                                                 | Contin                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                    |                                                      |                                                   |
|                                     | City                                        | State ZIP C                                              |                                                                                                    | Unliqu                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
|                                     | _                                           | owes the debt?<br>btor 1 only                            | Check one.                                                                                         | ☐ Disput                                                | eu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                    |                                                      |                                                   |
|                                     | =                                           | btor 2 only                                              |                                                                                                    |                                                         | PRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                                    |                                                      |                                                   |
|                                     | De                                          | btor 1 and Debto                                         | r 2 only                                                                                           | =                                                       | stic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tla a                                          |                                                    |                                                      |                                                   |
|                                     | At I                                        | least one of the d                                       | lebtors and another                                                                                | <b>y</b> Taxes<br>goverr                                | and certain other debts you owe ment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tne                                            |                                                    |                                                      |                                                   |
|                                     | ☐ Ch                                        |                                                          | relates to a communi                                                                               | ty Claims                                               | s for death or personal injury while                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e you were                                     |                                                    |                                                      |                                                   |
|                                     |                                             | claim subject t                                          | o offset?                                                                                          | _                                                       | Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                    |                                                      |                                                   |
|                                     | ☐ Ye                                        |                                                          |                                                                                                    |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
| Part                                |                                             |                                                          | NONPRIORITY Unsec                                                                                  | ured Claims                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                    |                                                      |                                                   |
|                                     | -                                           |                                                          | onpriority unsecured                                                                               | -                                                       | you?<br>the court with your other sch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nedules.                                       |                                                    |                                                      |                                                   |
| =                                   |                                             | _                                                        | nformation below.                                                                                  |                                                         | y and the second |                                                |                                                    |                                                      |                                                   |
| no<br>inc                           | onpriorit<br>cluded                         | ty unsecured cla<br>in Part 1. If more                   | im, list the creditor sep                                                                          | arately for each                                        | tical order of the creditor who<br>claim. For each claim listed, ide<br>aim, list the other creditors in Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | entify what typ                                | pe of claim it is                                  | . Do not list cl                                     | aims already                                      |

Total claim

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 19-se flut Per (if known)

| When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                 |                                                               |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------|---------------------------------------------------------------|---------------------|
| Po BOX 982238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4.1 |                                                 | •                                                             | \$ <u>11,145.08</u> |
| Contingent   Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                 | A softh address of the description to Observe all the country |                     |
| El Paso TX 79998   Onliquidated   Disputed   Disputed   Who owes the debt? Check one. Debtor 1 and Debtor 2 only   Student loans   Debtor 1 sharing plans, and other similar debt   Debtor 2 only   Other Specify Credit Card Debt   Debtor 3 and another   Check if this claim relates to a community debt   Debtor 2 only   Debtor 3 and another   Debtor 4 and Debtor 2 only   Debtor 5 and another   Debtor 5 and 5 |     |                                                 | <u> </u>                                                      |                     |
| City   State   ZIP Code   Disputed   Disputed   Type of NONPRIORITY unsecured claim:   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 3 and Debtor 3 and 3  |     | Street                                          | <b>_</b>                                                      |                     |
| Who owes the debt? Check one.   Popetor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 3 control of the debtors and another   Check if this claim relates to a community debt   State 1 of the debtors and another   Debtor 1 only   Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 9 only   Debtor 1 onl  |     | ELPASO IX /9998                                 | Unliquidated                                                  |                     |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Alt east one of the debtors and another   Check if this claim relates to a community debt   Check one.   Debtor 1 and Debtor 2 only   Check if this claim relates to a community debt   Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Check if this claim relates to a community debt   Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Check if this claim relates to a community debt   Check one.   Debtor 1 and Debtor 2 only   Debtor 3 enables 4 enables 4 enables 4 enables 6 enables   |     | •                                               | Disputed                                                      |                     |
| Debtor 1 and Debtor 2 only   Check if this claim relates to a community debt   Street   Check if this claim relates   Check   Check if this claim relates   Check   Check if this claim relates   Check if this claim   |     | Debtor 1 only                                   | Type of NONPRIORITY unsecured claim:                          |                     |
| Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | Debtor 2 only                                   | Student loans                                                 |                     |
| At least one of the debtors and another clebs is the claim subject to offset?  Nopropriority Creditor's Name PO BOX 982238 Number Speet El Paso TX 79998 City State ZIP Code Who owes the debt? Check one. Debts to offset? Nopropriory Creditor's Name As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts  Type of NONPRIORITY unsecured claim: Debts or pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply. Debts or land Debtor 2 only Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts  As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Debt  Last 4 digits of account number 3464 When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Debt  Last 4 digits of account number 3464 When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Debt  Type of NONPRIORITY unsecured claim: Disputed Unliquidated Disputed Type of NONPRIORITY unsecured claim: Disputed Unliquidated Disputed Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts                                                                                            |     | = '                                             | Obligations arising out of a separation agreement or divorce  |                     |
| Check if this claim relates to a community lebts   Substitute   Other. Specify Credit Card Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | At least one of the debtors and another         | _ ' ' ' '                                                     |                     |
| Is the claim subject to offset?    No   Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                 | debts                                                         |                     |
| No   Yes   Sank of America   Nonpriority Creditor's Name   When was the debt incurred?   \$ 10,422.41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                 | Other. Specify Credit Card Debt                               |                     |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                 |                                                               |                     |
| Sank of America   Last 4 digits of account number 8082   \$ 10,422.41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | _                                               |                                                               |                     |
| Sank of America   Sank of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Yes                                             |                                                               |                     |
| Nonpriority Creditor's Name   PO BOX 982238   As of the date you file, the claim is: Check all that apply.   Contingent   El Paso TX 7998   Unliquidated   Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4.2 | Pank of Amorica                                 | Last 4 digits of account number 8082                          | \$ 10.422.41        |
| Contingent   El Paso TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                 | When was the debt incurred?                                   | <del></del>         |
| Contingent   El Paso TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | PO BOX 982238                                   | As of the date you file, the claim is: Check all that apply   |                     |
| El Paso TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | Number                                          |                                                               |                     |
| City State ZIP Code Who owes the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debts to pension or profit-sharing plans, and other similar debts   Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Street                                          |                                                               |                     |
| Who owes the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No ☐ Yes  4.3  Barclays Bank/Banana Republic Nonpriority Creditor's Name  125 South West Street Number Street Wilmington DE 19801 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 and Debtor 2 only ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relate |     |                                                 |                                                               |                     |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number 3464 When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Contingent Wilmington DE Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Debt  Last 4 digits of account number 3464 When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                 | Disputed                                                      |                     |
| Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | Debtor 1 only                                   | Type of NONPRIORITY unsecured claim:                          |                     |
| Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | <b>=</b>                                        | Student loans                                                 |                     |
| At least one of the debtors and another   Check if this claim relates to a community debt   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify Credit Card Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | = '                                             | Obligations arising out of a separation agreement or divorce  |                     |
| Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes  Last 4 digits of account number 3464  When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Check if this claim relates to a community ☐ Check if this claim relates to a community ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 2 only ☐ Debtor 3 only ☐ Debtor 4 as priority claims Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | <u>-</u>                                        | that you did not report as priority claims                    |                     |
| debt Is the claim subject to offset?  No Yes    A.3   Barclays Bank/Banana Republic Nonpriority Creditor's Name   125 South West Street Number Street Wilmington DE 19801   Unliquidated   Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | =                                               |                                                               |                     |
| Is the claim subject to offset?  ☑ No ☐ Yes  4.3 Barclays Bank/Banana Republic Nonpriority Creditor's Name  125 South West Street Number Street Wilmington DE 19801  City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community  Last 4 digits of account number 3464  When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                 | _ ```                                                         |                     |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                 | Other. Specify Credit Card Debt                               |                     |
| A.3 Barclays Bank/Banana Republic Nonpriority Creditor's Name  125 South West Street Number Street Wilmington DE 19801 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community  Last 4 digits of account number 3464 When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                 |                                                               |                     |
| As of the date you file, the claim is: Check all that apply.    Number   Street   Wilmington DE   19801   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Check if this claim relates to a community   Cast 4 digits of account number   3464   When was the debt incurred?   7/19/2010   \$7,015.00     As of the date you file, the claim is: Check all that apply.   Contingent   Unliquidated   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 1 only   Student loans   Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 4 least one of the debtors and another   Debtor 5 pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     | _                                               |                                                               |                     |
| Barclays Bank/Banana Republic   When was the debt incurred? 7/19/2010   \$7,015.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | Yes                                             |                                                               |                     |
| Nonpriority Creditor's Name  125 South West Street Number Street Wilmington DE 19801 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community  When was the debt incurred? 7/19/2010  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.3 | Barclays Bank/Banana Renublic                   | Last 4 digits of account number 3464                          | \$ 7,015.00         |
| As of the date you file, the claim is: Check all that apply.    Contingent   Contingent   Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |                                                 | When was the debt incurred? 7/19/2010                         | ·                   |
| Number Street Wilmington DE 19801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                 | As of the date year file the claim is. Check all that apply   |                     |
| Wilmington DE 19801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Number                                          |                                                               |                     |
| City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community  Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 least one of the debtors and another Debtor 5 check if this claim relates to a community  Debtor 6 nonPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 check if this claim relates to a community Debtor 4 check if this claim relates to a community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | Street                                          |                                                               |                     |
| Who owes the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community  ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                                 | <b>—</b> ·                                                    |                     |
| <ul> <li>✓ Debtor 1 only</li> <li>✓ Debtor 2 only</li> <li>✓ Debtor 2 only</li> <li>✓ Debtor 1 and Debtor 2 only</li> <li>✓ At least one of the debtors and another</li> <li>✓ Check if this claim relates to a community</li> <li>✓ Type of NONPRIORITY unsecured claim:         <ul> <li>✓ Student loans</li> <li>✓ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>✓ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | •                                               | ☐ Disputed                                                    |                     |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | _                                               | Type of NONPRIORITY unsecured claim:                          |                     |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                 | <u></u> ''                                                    |                     |
| that you did not report as priority claims  At least one of the debtors and another  Debts to pension or profit-sharing plans, and other similar debts  debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                                 |                                                               |                     |
| Check if this claim relates to a community  Debts to perision of profit-straining plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                 |                                                               |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | =                                               |                                                               |                     |
| <b>debt</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | Check if this claim relates to a community debt | _                                                             |                     |
| Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                 | Outer. Specify Great Gard Dept                                |                     |
| ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | _                                               |                                                               |                     |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | <del></del>                                     |                                                               |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | _                                               |                                                               |                     |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 20-se flut Per (if known)

| 4.4 Capital One Last 4 digits of account number 0877 When was the debt incurred? 12/13/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ 0.00        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| When was the debt incurred 2 12/13/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
| Nonpriority Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| P.O. Box 30273 As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| Number Street Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| Salt Lake City UT 84103 Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| City State ZIP Code Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| Who owes the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| ✓ Debtor 1 only Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Debtor 1 and Debtor 2 only  Obligations arising out of a separation agreement or divorce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| that you did not report as priority claims  At least one of the debtors and another  Debts to pension or profit-sharing plans, and other similar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| Check if this claim relates to a community debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| debt   ☑ Other. Specify Successfully closed by debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Last 4 digits of account number 0878  Capital One                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$ <u>0.00</u> |
| Nonpriority Creditor's Name  When was the debt incurred? 2/12/2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| P.O. Box 30273 As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| Number Street Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| Salt Lake City UT 84103 Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| City State ZIP Code Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| Who owes the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Debtor 1 only  Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Debtor 1 and Debtor 2 only  Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| At least one of the debtors and another  Debts to pension or profit-sharing plans, and other similar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Check if this claim relates to a community debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| Other. Specify Successfully closed by debtor  Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| Last 4 digits of account number 4641                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Capital One, N.A. When was the debt incurred 2 1/11/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <u>0.00</u> |
| Nonpriority Creditor's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| P.O. Box 30273 As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| Number Street Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| Salt Lake City UT 84103 Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| City State ZIP Code Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| Who owes the debt? Check one.  Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Student leans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Obligations with the consenting and at the consenting and at the consent and t |                |
| that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |
| Debts to pension or profit-sharing plans, and other similar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
| ☐ Check if this claim relates to a community debts  debt  Other. Specify Successfully closed by debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
| Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 29ase flut Per (if known)

| 4.7 | Chase Credit Cards                                 | Last 4 digits of account number 4152                                                                    | \$ 205.59          |
|-----|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|
|     | Nonpriority Creditor's Name                        | When was the debt incurred?                                                                             |                    |
|     | PO Box 15123                                       | As of the date you file, the claim is: Check all that apply.                                            |                    |
|     | Number Street                                      | Contingent                                                                                              |                    |
|     | Wilmington DE 19850                                | Unliquidated                                                                                            |                    |
|     | City State ZIP Code                                | Disputed                                                                                                |                    |
|     | Who owes the debt? Check one.                      |                                                                                                         |                    |
|     | ✓ Debtor 1 only                                    | Type of NONPRIORITY unsecured claim:                                                                    |                    |
|     | Debtor 2 only                                      | Student loans                                                                                           |                    |
|     | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                                            |                    |
|     | At least one of the debtors and another            | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |                    |
|     | Check if this claim relates to a community         | debts                                                                                                   |                    |
|     | debt                                               | ✓ Other. Specify Credit Card Debt                                                                       |                    |
|     | Is the claim subject to offset?                    |                                                                                                         |                    |
|     | ✓ No                                               |                                                                                                         |                    |
|     | Yes                                                |                                                                                                         |                    |
| 4.8 | Chase Cradit Cards                                 | Last 4 digits of account number 8743                                                                    | \$ 7,788.45        |
|     | Chase Credit Cards Nonpriority Creditor's Name     | When was the debt incurred?                                                                             | Ψ <u>1,100.43</u>  |
|     | PO Box 15123                                       | As of the date year file, the claim is Check all that apply                                             |                    |
|     | Number                                             | As of the date you file, the claim is: Check all that apply.                                            |                    |
|     | Wilmington DE 19850                                | Contingent                                                                                              |                    |
|     |                                                    | Unliquidated                                                                                            |                    |
|     | City State ZIP Code  Who owes the debt? Check one. | Disputed                                                                                                |                    |
|     | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                    |                    |
|     | Debtor 2 only                                      | Student loans                                                                                           |                    |
|     |                                                    | Obligations arising out of a separation agreement or divorce                                            |                    |
|     | Debtor 1 and Debtor 2 only                         | that you did not report as priority claims                                                              |                    |
|     | At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar debts                                       |                    |
|     | Check if this claim relates to a community debt    | ✓ Other. Specify Credit Card Debt                                                                       |                    |
|     | Is the claim subject to offset?                    | Grand Search Search Search                                                                              |                    |
|     | ✓ No                                               |                                                                                                         |                    |
|     | Yes                                                |                                                                                                         |                    |
| 4.0 |                                                    | Last 4 digits of account number 5913                                                                    |                    |
| 4.9 | Citicards CBNA                                     | When was the debt incurred? 01/01/2019                                                                  | \$ <u>2,056.59</u> |
|     | Nonpriority Creditor's Name                        | <u> </u>                                                                                                |                    |
|     | 5800 South Corporate Place                         | As of the date you file, the claim is: Check all that apply.                                            |                    |
|     | Number                                             | ☐ Contingent                                                                                            |                    |
|     | Mail Code 234                                      | Unliquidated                                                                                            |                    |
|     | Signy Follo CD F7100                               | Disputed                                                                                                |                    |
|     | Sioux Falls SD 57108                               | Tune of NONDRIORITY unacquired claims                                                                   |                    |
|     | City State ZIP Code                                | Type of NONPRIORITY unsecured claim:  Student loans                                                     |                    |
|     | Who owes the debt? Check one.                      | Obligations arising out of a separation agreement or divorce                                            |                    |
|     | Debtor 1 only                                      | that you did not report as priority claims                                                              |                    |
|     | Debtor 2 only                                      | Debts to pension or profit-sharing plans, and other similar                                             |                    |
|     | Debtor 1 and Debtor 2 only                         | debts                                                                                                   |                    |
|     | At least one of the debtors and another            | ✓ Other. Specify Credit Card Debt                                                                       |                    |
|     | Check if this claim relates to a community debt    |                                                                                                         |                    |
|     | Is the claim subject to offset?                    |                                                                                                         |                    |
|     | <b>☑</b> No                                        |                                                                                                         |                    |
|     | Yes                                                |                                                                                                         |                    |
|     |                                                    |                                                                                                         |                    |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 22 of upper (if known)

| 4.10 | Citioarda CRNA                                     | Last 4 digits of account number 9804                                                                    | \$ 0.00        |
|------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------|
|      | Citicards CBNA Nonpriority Creditor's Name         | When was the debt incurred?                                                                             | ψ <u>σ.σσ</u>  |
|      | 5800 South Corporate Place                         | As of the date you file, the claim is: Check all that apply.                                            |                |
|      | Number                                             | Contingent                                                                                              |                |
|      | Street Mail Code 234                               | ☐ Unliquidated                                                                                          |                |
|      |                                                    | Disputed                                                                                                |                |
|      | Sioux Falls SD 57108                               | Disputed                                                                                                |                |
|      |                                                    | Type of NONPRIORITY unsecured claim:                                                                    |                |
|      | City State ZIP Code  Who owes the debt? Check one. | Student loans                                                                                           |                |
|      | Debtor 1 only                                      | Obligations arising out of a separation agreement or divorce                                            |                |
|      | Debtor 2 only                                      | that you did not report as priority claims                                                              |                |
|      | Debtor 1 and Debtor 2 only                         | Debts to pension or profit-sharing plans, and other similar                                             |                |
|      | = '                                                | debts  ✓ Other. Specify Credit Card Debt                                                                |                |
|      | At least one of the debtors and another            | Other. Specify Credit Card Debt                                                                         |                |
|      | Check if this claim relates to a community debt    |                                                                                                         |                |
|      | Is the claim subject to offset?                    |                                                                                                         |                |
|      | ✓ No                                               |                                                                                                         |                |
|      | Yes                                                |                                                                                                         |                |
|      |                                                    | Last 4 digits of account number 9802                                                                    |                |
| 4.11 | Citicards CBNA                                     | When was the debt incurred? 01/01/2022                                                                  | \$ 4,706.00    |
|      | Nonpriority Creditor's Name                        | when was the debt incurred? 01/01/2022                                                                  |                |
|      | 5800 South Corporate Place                         | As of the date you file, the claim is: Check all that apply.                                            |                |
|      | Number Street                                      | Contingent                                                                                              |                |
|      | Mail Code 234                                      | Unliquidated                                                                                            |                |
|      |                                                    | Disputed                                                                                                |                |
|      | Sioux Falls SD 57108                               | _ Disputed                                                                                              |                |
|      | City State ZIP Code                                | Type of NONPRIORITY unsecured claim:                                                                    |                |
|      | Who owes the debt? Check one.                      | ☐ Student loans                                                                                         |                |
|      | Debtor 1 only                                      | Obligations arising out of a separation agreement or divorce                                            |                |
|      | Debtor 2 only                                      | that you did not report as priority claims                                                              |                |
|      | Debtor 1 and Debtor 2 only                         | Debts to pension or profit-sharing plans, and other similar debts                                       |                |
|      | At least one of the debtors and another            | ✓ Other. Specify Credit Card Debt                                                                       |                |
|      | Check if this claim relates to a community         | Other. Specify Steam State Best                                                                         |                |
|      | debt                                               |                                                                                                         |                |
|      | Is the claim subject to offset?                    |                                                                                                         |                |
|      | <b>✓</b> No                                        |                                                                                                         |                |
|      | Yes                                                |                                                                                                         |                |
| 4.10 |                                                    | Last 4 digits of account number 2531                                                                    |                |
| 4.12 | Comenity - Cesar Rewards Visa                      | When was the debt incurred?                                                                             | \$ <u>0.00</u> |
|      | Nonpriority Creditor's Name                        | when was the debt incurred:                                                                             |                |
|      | PO Box 650960                                      | As of the date you file, the claim is: Check all that apply.                                            |                |
|      | Number Street                                      | ☐ Contingent                                                                                            |                |
|      | Dallas TX 75265                                    | ☐ Unliquidated                                                                                          |                |
|      | City State ZIP Code                                | ☐ Disputed                                                                                              |                |
|      | Who owes the debt? Check one.                      |                                                                                                         |                |
|      | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                    |                |
|      | Debtor 2 only                                      | Student loans                                                                                           |                |
|      | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                                            |                |
|      | At least one of the debtors and another            | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |                |
|      | Check if this claim relates to a community         | debts                                                                                                   |                |
|      | debt                                               | ✓ Other. Specify Credit Card Debt                                                                       |                |
|      | Is the claim subject to offset?                    |                                                                                                         |                |
|      | ✓ No                                               |                                                                                                         |                |
|      | Yes                                                |                                                                                                         |                |
|      |                                                    |                                                                                                         |                |
|      |                                                    |                                                                                                         |                |
|      |                                                    |                                                                                                         |                |
|      |                                                    |                                                                                                         |                |
|      |                                                    |                                                                                                         |                |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 23-se flut per (if known)

| .13 | Discover Bank                                      | Last 4 digits of account number 6447                                                                                             | \$ 11,207.60      |
|-----|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------|
|     | Nonpriority Creditor's Name                        | When was the debt incurred? 01/01/1998                                                                                           |                   |
|     | PO Box 15316                                       | As of the date you file, the claim is: Check all that apply.                                                                     |                   |
|     | Number Street                                      | Contingent                                                                                                                       |                   |
|     | Wilmington DE 19850                                | Unliquidated                                                                                                                     |                   |
|     | City State ZIP Code                                | Disputed                                                                                                                         |                   |
|     | Who owes the debt? Check one.                      | _ Disputed                                                                                                                       |                   |
|     | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                                             |                   |
|     | Debtor 2 only                                      | Student loans                                                                                                                    |                   |
|     | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                                                                     |                   |
|     | At least one of the debtors and another            | that you did not report as priority claims                                                                                       |                   |
|     | Check if this claim relates to a community         | Debts to pension or profit-sharing plans, and other similar debts                                                                |                   |
|     | debt                                               | ✓ Other. Specify Credit Card Debt                                                                                                |                   |
|     | Is the claim subject to offset?                    |                                                                                                                                  |                   |
|     | ✓ No                                               |                                                                                                                                  |                   |
|     | Yes                                                |                                                                                                                                  |                   |
| 1.4 | <del>_</del>                                       | Last 4 digits of account number 0671                                                                                             | + 0.00            |
| .14 | Goldman Sachs                                      | When was the debt incurred? 9/18/2002                                                                                            | \$ <u>0.00</u>    |
|     | Nonpriority Creditor's Name                        | <u> </u>                                                                                                                         |                   |
|     | P.O. Box 70321                                     | As of the date you file, the claim is: Check all that apply.                                                                     |                   |
|     | Number                                             | ☐ Contingent                                                                                                                     |                   |
|     | Philadelphia PA 19176                              | Unliquidated                                                                                                                     |                   |
|     | City State ZIP Code  Who owes the debt? Check one. | ☐ Disputed                                                                                                                       |                   |
|     | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                                             |                   |
|     | Debtor 2 only                                      | Student loans                                                                                                                    |                   |
|     | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                                                                     |                   |
|     | At least one of the debtors and another            | that you did not report as priority claims                                                                                       |                   |
|     | Check if this claim relates to a community debt    | <ul> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify Credit Card Debt</li> </ul> |                   |
|     | Is the claim subject to offset?                    | Other. Specify Credit Card Debt                                                                                                  |                   |
|     | ✓ No                                               |                                                                                                                                  |                   |
|     | Yes                                                |                                                                                                                                  |                   |
|     |                                                    | Last 4 digits of account number 0460                                                                                             |                   |
| .15 | Goldman Sachs                                      | When was the debt incurred? 7/22/2002                                                                                            | \$ <u>1,042.0</u> |
|     | Nonpriority Creditor's Name                        | When was the debt incurred: 1/22/2002                                                                                            |                   |
|     | P.O. Box 70321                                     | As of the date you file, the claim is: Check all that apply.                                                                     |                   |
|     | Number Street                                      | Contingent                                                                                                                       |                   |
|     | Philadelphia PA 19176                              | . Unliquidated                                                                                                                   |                   |
|     | City State ZIP Code                                | ☐ Disputed                                                                                                                       |                   |
|     | Who owes the debt? Check one.                      |                                                                                                                                  |                   |
|     | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                                             |                   |
|     | Debtor 2 only                                      | Student loans                                                                                                                    |                   |
|     | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                          |                   |
|     | At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar                                                                      |                   |
|     | Check if this claim relates to a community debt    | debts  Other. Specify Credit Card Debt                                                                                           |                   |
|     | Is the claim subject to offset?                    | Outer. Specify Credit Card Debt                                                                                                  |                   |
|     | ✓ No                                               |                                                                                                                                  |                   |
|     | Yes                                                |                                                                                                                                  |                   |
|     | <b>□</b> ·                                         |                                                                                                                                  |                   |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 24-96 fut Per (if known)

| 4.16 | GS Bank - General Motors                        | Last 4 digits of account number 0138                                                                       | \$ 0.00            |
|------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------|
|      | Nonpriority Creditor's Name                     | When was the debt incurred? 9/19/2002                                                                      | * =:==             |
|      | 200 West Street                                 | As of the date you file, the claim is: Check all that apply.                                               |                    |
|      | Number Street                                   | Contingent                                                                                                 |                    |
|      | New York NY 10282                               | Unliquidated                                                                                               |                    |
|      | City State ZIP Code                             | Disputed                                                                                                   |                    |
|      | Who owes the debt? Check one.                   |                                                                                                            |                    |
|      | ✓ Debtor 1 only                                 | Type of NONPRIORITY unsecured claim:                                                                       |                    |
|      | Debtor 2 only                                   | Student loans                                                                                              |                    |
|      | Debtor 1 and Debtor 2 only                      | Obligations arising out of a separation agreement or divorce                                               |                    |
|      | At least one of the debtors and another         | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar    |                    |
|      | Check if this claim relates to a community      | debts                                                                                                      |                    |
|      | debt                                            | ✓ Other. Specify Automobile                                                                                |                    |
|      | Is the claim subject to offset?                 |                                                                                                            |                    |
|      | ✓ No                                            |                                                                                                            |                    |
|      | Yes                                             | Look 4 digito of account records or 0740                                                                   |                    |
| 4.17 | JPMCB                                           | Last 4 digits of account number 8743                                                                       | \$ <u>7,788.00</u> |
|      | Nonpriority Creditor's Name                     | When was the debt incurred? 10/24/2017                                                                     |                    |
|      | 301 N Walnut Street                             | As of the date you file, the claim is: Check all that apply.                                               |                    |
|      | Number Street                                   | Contingent                                                                                                 |                    |
|      | Floor 09                                        | Unliquidated                                                                                               |                    |
|      |                                                 | Disputed                                                                                                   |                    |
|      | Wilmington DE 19801                             |                                                                                                            |                    |
|      | City State ZIP Code                             | Type of NONPRIORITY unsecured claim:                                                                       |                    |
|      | Who owes the debt? Check one.                   | Student loans                                                                                              |                    |
|      | Debtor 1 only                                   | Obligations arising out of a separation agreement or divorce<br>that you did not report as priority claims |                    |
|      | Debtor 2 only                                   | Debts to pension or profit-sharing plans, and other similar                                                |                    |
|      | Debtor 1 and Debtor 2 only                      | debts                                                                                                      |                    |
|      | At least one of the debtors and another         | Other. Specify Credit Card Debt                                                                            |                    |
|      | Check if this claim relates to a community debt |                                                                                                            |                    |
|      | Is the claim subject to offset?                 |                                                                                                            |                    |
|      | ✓ No                                            |                                                                                                            |                    |
|      | Yes                                             |                                                                                                            |                    |
| 1.10 |                                                 | Last 4 digits of account number 4152                                                                       |                    |
| 4.18 | JPMCB                                           | When was the debt incurred? 11/16/1997                                                                     | \$ <u>0.00</u>     |
|      | Nonpriority Creditor's Name                     | Title was the dest modified.                                                                               |                    |
|      | 301 N Walnut Street                             | As of the date you file, the claim is: Check all that apply.                                               |                    |
|      | Number Street                                   | ☐ Contingent                                                                                               |                    |
|      | Floor 09                                        | Unliquidated                                                                                               |                    |
|      | Wilmington DE 19801                             | Disputed                                                                                                   |                    |
|      |                                                 | Type of NONPRIORITY unsecured claim:                                                                       |                    |
|      | City State ZIP Code                             | Student loans                                                                                              |                    |
|      | Who owes the debt? Check one.                   | Obligations arising out of a separation agreement or divorce                                               |                    |
|      | Debtor 1 only                                   | that you did not report as priority claims                                                                 |                    |
|      | Debtor 2 only Debtor 1 and Debtor 2 only        | Debts to pension or profit-sharing plans, and other similar                                                |                    |
|      | At least one of the debtors and another         | debts  Other. Specify Closed successfully by debtor                                                        |                    |
|      | Check if this claim relates to a community      | Outer. Specify Closed successibility by debitor                                                            |                    |
|      | debt                                            |                                                                                                            |                    |
|      | Is the claim subject to offset?                 |                                                                                                            |                    |
|      | ✓ No                                            |                                                                                                            |                    |
|      | Yes                                             |                                                                                                            |                    |
|      |                                                 |                                                                                                            |                    |
|      |                                                 |                                                                                                            |                    |
|      |                                                 |                                                                                                            |                    |
|      |                                                 |                                                                                                            |                    |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 25 so flut Per (if known)

| 4.19 | JPMCB                                              | Last 4 digits of account number 2349                                                                    | \$ 0.00      |
|------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|
|      | Nonpriority Creditor's Name                        | When was the debt incurred? 10/22/2002                                                                  |              |
|      | 4125 Windward Plaza                                | As of the date you file, the claim is: Check all that apply.                                            |              |
|      | Number Street                                      | ☐ Contingent                                                                                            |              |
|      | Floor 09                                           | Unliquidated                                                                                            |              |
|      | Alpharetta GA 30005                                | Disputed                                                                                                |              |
|      | City State ZIP Code                                | Type of NONPRIORITY unsecured claim:                                                                    |              |
|      | Who owes the debt? Check one.                      | Student loans                                                                                           |              |
|      | Debtor 1 only                                      | Obligations arising out of a separation agreement or divorce                                            |              |
|      | Debtor 2 only                                      | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |              |
|      | Debtor 1 and Debtor 2 only                         | debts                                                                                                   |              |
|      | At least one of the debtors and another            | Other. Specify Successfully closed by debtor                                                            |              |
|      | Check if this claim relates to a community debt    |                                                                                                         |              |
|      | Is the claim subject to offset?                    |                                                                                                         |              |
|      | ✓ No                                               |                                                                                                         |              |
|      | Yes                                                |                                                                                                         |              |
| 4.20 | Lending Club Bank, NA                              | Last 4 digits of account number 1841                                                                    | \$ 13,490.00 |
|      | Nonpriority Creditor's Name                        | When was the debt incurred? 10/25/2021                                                                  | ·            |
|      | 595 Market Street                                  | As of the date you file, the claim is: Check all that apply.                                            |              |
|      | Number Street                                      | Contingent                                                                                              |              |
|      | Suite 200                                          | Unliquidated                                                                                            |              |
|      | 94105                                              | Disputed                                                                                                |              |
|      |                                                    | Type of NONPRIORITY unsecured claim:                                                                    |              |
|      | City State ZIP Code  Who owes the debt? Check one. | Student loans                                                                                           |              |
|      | Debtor 1 only                                      | Obligations arising out of a separation agreement or divorce                                            |              |
|      | Debtor 2 only                                      | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |              |
|      | Debtor 1 and Debtor 2 only                         | debts                                                                                                   |              |
|      | At least one of the debtors and another            | ✓ Other. Specify                                                                                        |              |
|      | Check if this claim relates to a community debt    |                                                                                                         |              |
|      | Is the claim subject to offset?                    |                                                                                                         |              |
|      | ✓ No                                               |                                                                                                         |              |
|      | Yes                                                |                                                                                                         |              |
| 4.21 | Lending Club Bank, NA                              | Last 4 digits of account number XX71                                                                    | \$ 0.00      |
|      | Nonpriority Creditor's Name                        | When was the debt incurred? 3/31/2016                                                                   |              |
|      | 595 Market Street                                  | As of the date you file, the claim is: Check all that apply.                                            |              |
|      | Number Street                                      | Contingent                                                                                              |              |
|      | Suite 200                                          | Unliquidated                                                                                            |              |
|      | San Francisco CA 94105                             | Disputed                                                                                                |              |
|      |                                                    | Type of NONPRIORITY unsecured claim:                                                                    |              |
|      | City State ZIP Code  Who owes the debt? Check one. | Student loans                                                                                           |              |
|      | Debtor 1 only                                      | Obligations arising out of a separation agreement or divorce                                            |              |
|      | Debtor 2 only                                      | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |              |
|      | Debtor 1 and Debtor 2 only                         | debts                                                                                                   |              |
|      | At least one of the debtors and another            | Other. Specify Successfully closed by debtor                                                            |              |
|      | Check if this claim relates to a community debt    |                                                                                                         |              |
|      | Is the claim subject to offset?                    |                                                                                                         |              |
|      | ✓ No                                               |                                                                                                         |              |
|      | Yes                                                |                                                                                                         |              |
|      |                                                    |                                                                                                         |              |
|      |                                                    |                                                                                                         |              |
|      |                                                    |                                                                                                         |              |
|      |                                                    |                                                                                                         |              |
|      |                                                    |                                                                                                         |              |

Nestor Gustavo Milla Case 24-12131 Doc 1 Filed 03/13/24 Page 26/56/fut/19er(if known)

|      |                                                    | •                                                                                                       |                    |
|------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------|
| 4.22 |                                                    | Last 4 digits of account number 9804                                                                    | \$ 0.00            |
| 4.22 | Macy's/Citibank N.A.  Nonpriority Creditor's Name  | When was the debt incurred? 1/8/2023                                                                    | \$ 0.00            |
|      | 911 Duke Boulevard                                 | As of the date you file, the claim is: Check all that apply.                                            |                    |
|      | Number                                             | Contingent                                                                                              |                    |
|      | Mason OH 45040                                     | Unliquidated                                                                                            |                    |
|      | City State ZIP Code                                | Disputed                                                                                                |                    |
|      | Who owes the debt? Check one.                      | Disputed                                                                                                |                    |
|      | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                    |                    |
|      | Debtor 2 only                                      | Student loans                                                                                           |                    |
|      | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                    |
|      | At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar                                             |                    |
|      | Check if this claim relates to a community         | debts                                                                                                   |                    |
|      | debt                                               | Other. Specify Credit Card Debt                                                                         |                    |
|      | Is the claim subject to offset?                    |                                                                                                         |                    |
|      | ✓ No                                               |                                                                                                         |                    |
|      | Yes                                                |                                                                                                         |                    |
| 4.23 | Mastercard                                         | Last 4 digits of account number 3464                                                                    | \$ <u>7,015.60</u> |
|      | Nonpriority Creditor's Name                        | When was the debt incurred?                                                                             |                    |
|      | PO Box 17051                                       | As of the date you file, the claim is: Check all that apply.                                            |                    |
|      | Number Street                                      | Contingent                                                                                              |                    |
|      | Baltimore MD 21297                                 | Unliquidated                                                                                            |                    |
|      | City State ZIP Code                                | ☐ Disputed                                                                                              |                    |
|      | Who owes the debt? Check one.                      | Type of NONDDIODITY unacquired eleims                                                                   |                    |
|      | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:  Student loans                                                     |                    |
|      | Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce                                            |                    |
|      | Debtor 1 and Debtor 2 only                         | that you did not report as priority claims                                                              |                    |
|      | At least one of the debtors and another            | Debts to pension or profit-sharing plans, and other similar                                             |                    |
|      | Check if this claim relates to a community debt    | debts  Other. Specify Credit Card Debt                                                                  |                    |
|      | Is the claim subject to offset?                    | Other. Specify Credit Card Debt                                                                         |                    |
|      | ✓ No                                               |                                                                                                         |                    |
|      | Yes                                                |                                                                                                         |                    |
| 4.24 |                                                    | Last 4 digits of account number 0070                                                                    | ф 72 200 00        |
| 4.24 | Nonpriority Creditor's Name                        | When was the debt incurred? 4/4/2007                                                                    | \$ 72,308.00       |
|      | ' '                                                |                                                                                                         |                    |
|      | PO BOX 9655<br>Number                              | As of the date you file, the claim is: Check all that apply.                                            |                    |
|      | Wilkes Barre PA 18773                              | Contingent                                                                                              |                    |
|      |                                                    | Unliquidated                                                                                            |                    |
|      | City State ZIP Code  Who owes the debt? Check one. | Disputed                                                                                                |                    |
|      | Debtor 1 only                                      | Type of NONPRIORITY unsecured claim:                                                                    |                    |
|      | Debtor 2 only                                      | ✓ Student loans                                                                                         |                    |
|      | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation agreement or divorce                                            |                    |
|      | At least one of the debtors and another            | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |                    |
|      | ☐ Check if this claim relates to a community       | debts                                                                                                   |                    |
|      | debt                                               | Other. Specify                                                                                          |                    |
|      | Is the claim subject to offset?                    |                                                                                                         |                    |
|      | ✓ No                                               |                                                                                                         |                    |
|      | Yes                                                |                                                                                                         |                    |
|      |                                                    |                                                                                                         |                    |
|      |                                                    |                                                                                                         |                    |
|      |                                                    |                                                                                                         |                    |

|          |                                                                                                                                                                                                              | Local Adiculation of a community of the |                                                                                                    |            |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|
| 4.25     | Syncb/GAP                                                                                                                                                                                                    | Last 4 digits of account number 8122 When was the debt incurred? 7/25/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                                                                                  | \$ 0.00    |
|          | Nonpriority Creditor's Name                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | 4125 Windward Plaza Number                                                                                                                                                                                   | As of the date you file, the claim is: Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | neck all that apply.                                                                               |            |
|          | Alpharetta GA 30005                                                                                                                                                                                          | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |            |
|          | City State ZIP Code                                                                                                                                                                                          | Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |            |
|          | Who owes the debt? Check one.                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Debtor 1 only                                                                                                                                                                                                | Type of NONPRIORITY unsecured clair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m:                                                                                                 |            |
|          | Debtor 2 only                                                                                                                                                                                                | ☐ Student loans ☐ Obligations arising out of a separation a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | egreement or divorce                                                                               |            |
|          | Debtor 1 and Debtor 2 only                                                                                                                                                                                   | that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |            |
|          | At least one of the debtors and another  Check if this claim relates to a community                                                                                                                          | Debts to pension or profit-sharing plans debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , and other similar                                                                                |            |
|          | debt                                                                                                                                                                                                         | Other. Specify Successfully closed by a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | debtor                                                                                             |            |
|          | Is the claim subject to offset?                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | ✓ No                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Yes                                                                                                                                                                                                          | Lost 4 digits of account number F126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |            |
| 4.26     | THD/CBNA                                                                                                                                                                                                     | Last 4 digits of account number 5126 When was the debt incurred? 5/12/201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8                                                                                                  | \$ 0.00    |
|          | Nonpriority Creditor's Name                                                                                                                                                                                  | when was the debt meaned: 5/12/201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u> </u>                                                                                           |            |
|          | One Court Square  Number                                                                                                                                                                                     | As of the date you file, the claim is: Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | neck all that apply.                                                                               |            |
|          | Long Island City NY 11120                                                                                                                                                                                    | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |            |
|          | City State ZIP Code                                                                                                                                                                                          | ☐ Unliquidated ☐ Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |            |
|          | Who owes the debt? Check one.                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Debtor 1 only                                                                                                                                                                                                | Type of NONPRIORITY unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m:                                                                                                 |            |
|          | Debtor 2 only                                                                                                                                                                                                | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ograpment er diverse                                                                               |            |
|          | Debtor 1 and Debtor 2 only                                                                                                                                                                                   | Obligations arising out of a separation a that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |            |
|          | At least one of the debtors and another  Check if this claim relates to a community                                                                                                                          | Debts to pension or profit-sharing plans debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , and other similar                                                                                |            |
|          | debt                                                                                                                                                                                                         | Other. Specify Successfully closed by a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | debtor                                                                                             |            |
|          | Is the claim subject to offset?                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | ✓ No                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Yes                                                                                                                                                                                                          | Loot 4 digita of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
| 4.27     | The Home Depot/Citibank                                                                                                                                                                                      | Last 4 digits of account number When was the debt incurred? 5/12/201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8                                                                                                  | \$ 0.00    |
|          | Nonpriority Creditor's Name                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | P.O. Box 6497<br>Number                                                                                                                                                                                      | As of the date you file, the claim is: Ch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | neck all that apply.                                                                               |            |
|          | Sioux Falls SD 57117                                                                                                                                                                                         | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |            |
|          | City State ZIP Code                                                                                                                                                                                          | Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |            |
|          | Who owes the debt? Check one.                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Debtor 1 only                                                                                                                                                                                                | Type of NONPRIORITY unsecured claim  Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m:                                                                                                 |            |
|          | Debtor 2 only                                                                                                                                                                                                | Obligations arising out of a separation a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | agreement or divorce                                                                               |            |
|          | Debtor 1 and Debtor 2 only  At least one of the debtors and another                                                                                                                                          | that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |            |
|          | Check if this claim relates to a community                                                                                                                                                                   | <ul> <li>Debts to pension or profit-sharing plans<br/>debts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | s, and other similar                                                                               |            |
|          | debt                                                                                                                                                                                                         | Other. Specify Successfully closed by o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | debtor                                                                                             |            |
|          | Is the claim subject to offset?  ✓ No                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | Yes                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          |                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
| Part     | 3: List Others to Be Notified About a Debt T                                                                                                                                                                 | nat You Aiready Listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |            |
| co<br>ag | e this page only if you have others to be notifie<br>llection agency is trying to collect from you for<br>ency here. Similarly, if you have more than one<br>u do not have additional persons to be notified | a debt you owe to someone else, list the creditor for any of the debts that you list                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | original creditor in Parts 1 or 2, then list the ted in Parts 1 or 2, list the additional creditor | collection |
|          |                                                                                                                                                                                                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . 5                                                                                                |            |
|          | GS Bank - General Motors                                                                                                                                                                                     | On which entry in Part 1 or E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part 2 did you list the original creditor?                                                         |            |
| _        | Creditor's Name                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _                                                                                                  |            |
| -        | 200 West Street                                                                                                                                                                                              | Line <u>4.15</u> of (Check one):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part 1: Creditors with Priority Unsecured Claim                                                    | IS         |
|          | Number Street                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Part 2: Creditors with Nonpriority Unsecured                                                       |            |
| -        | New York NY 10282                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |            |
|          | City State ZIP Code                                                                                                                                                                                          | Last 4 digits of account num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nber 5127                                                                                          |            |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim **Total claims** 6a. Domestic support obligations \$ 0.00 6a. from Part 1 6b. Taxes and certain other debts you owe the \$ 1,300.00 government 6c. Claims for death or personal injury while you were \$ 0.00 6c. intoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. \$ 0.00 amount here. 6e. Total. Add lines 6a through 6d. 6e \$ 1,300.00 Total claim **Total claims** 6f. Student loans \$ 72,308.00 from Part 2 6g. Obligations arising out of a separation agreement or \$ 0.00 divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 6h. \$ 0.00 similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that \$ 83,882.32 6i. amount here.

6j.

\$ 156,190.32

6j. Total. Add lines 6f through 6i.

## Case 24-12131 Doc 1 Filed 03/13/24 Page 29 of 49

| Fill in this inforn | nation to ide   | entify your case     |                       |                                                                            |                    |
|---------------------|-----------------|----------------------|-----------------------|----------------------------------------------------------------------------|--------------------|
| Nest                | tor Gustavo     |                      |                       |                                                                            |                    |
| Deptor 1            | Name            | Middle Name          | Last Name             |                                                                            |                    |
| Debtor 2            |                 |                      |                       |                                                                            |                    |
| (Spouse, if filing) | First Name      | Middle Name          | Last Name             |                                                                            |                    |
| United States Ba    | nkruptcy Co     | urt for the: Distric | ct of Maryland        |                                                                            |                    |
| Case number         |                 |                      |                       |                                                                            | ☐ Check if this is |
| (if know)           |                 |                      |                       |                                                                            | an amended         |
|                     |                 |                      |                       |                                                                            | filing             |
|                     |                 |                      |                       |                                                                            |                    |
| o.(;; ; , = =       | 400             |                      |                       |                                                                            |                    |
| Official Fo         | rm 106          | <u>iG</u>            |                       |                                                                            |                    |
| Schedul             | e G: E          | xecutor              | y Contrac             | cts and Unexpired Lease                                                    | <b>S</b> 12/15     |
|                     |                 |                      |                       | e are filing together, both are equally responsible                        |                    |
|                     |                 |                      |                       | al page, fill it out, number the entries, and attach<br>number (if known). | it to this page.   |
| on the top or any   | additional      | pages, write you     | ii name ana case i    | minute (in known).                                                         |                    |
| 1. Do you have a    | ny executo      | ry contracts or ı    | nexpired leases?      |                                                                            |                    |
| No. Check th        | nis box and f   | ile this form with   | the court with your o | other schedules. You have nothing else to report on t                      | this form.         |
| Yes. Fill in a      | ll of the infor | mation below eve     | en if the contracts o | leases are listed on Schedule A/B: Property (Officia                       | ll Form 106A/B).   |

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of

executory contracts and unexpired leases.

#### Case 24-12131 Doc 1 Filed 03/13/24 Page 30 of 49

| Fill in this           | information to       | identify your case   | e:              |
|------------------------|----------------------|----------------------|-----------------|
| Debtor 1               | Nestor Gustavo Milla |                      |                 |
| 200.01                 | First Name           | Middle Name          | Last Name       |
| Debtor 2               |                      |                      |                 |
| (Spouse, if            | f filing) First Name | Middle Name          | Last Name       |
| United Sta             | tes Bankruptcy       | Court for the: Distr | ict of Maryland |
|                        | . ,                  |                      | ,               |
| Case numl<br>(if know) | ber                  |                      |                 |
| (II KIIOW)             |                      |                      |                 |

# Official Form 106H

# **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| The state of the s | vory quosiisiii                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1. Do you have any codebtors? (If you are filing a joint case, do not list eith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | er spouse as a codebtor.)                                                       |
| ✓ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |
| 2. Within the last 8 years, have you lived in a community property state of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| No. Go to line 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the time?                                                                       |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as shown in line 2 again as a codebtor only if that person is a guarantor Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), Schedule E/F, or Schedule G to fill out Column 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or cosigner. Make sure you have listed the creditor on                          |
| Column 1: Your codebtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |

| Fill in this information to identify                                                                                                                                | your case:                                                                                  |                            |                   |                                        |                                                     |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------|-------------------|----------------------------------------|-----------------------------------------------------|-------------------------------------------|
| Nestor Gustavo                                                                                                                                                      | Milla                                                                                       |                            |                   |                                        |                                                     |                                           |
| First Name                                                                                                                                                          | Middle Name                                                                                 | Last Name                  |                   | -                                      |                                                     |                                           |
| Debtor 2 (Spouse, if filing) First Name                                                                                                                             | Middle Name                                                                                 | Last Name                  |                   | -                                      |                                                     |                                           |
| United States Bankruptcy Court for the:                                                                                                                             | _ District of Maryland                                                                      |                            |                   |                                        |                                                     |                                           |
| Case number                                                                                                                                                         |                                                                                             | ,                          |                   | Check if                               | this is:                                            |                                           |
| (If known)                                                                                                                                                          |                                                                                             |                            |                   | An ar                                  | nended filing                                       |                                           |
|                                                                                                                                                                     |                                                                                             |                            |                   |                                        | plement showing post<br>ne as of the following o    |                                           |
| Official Form 106I                                                                                                                                                  |                                                                                             |                            |                   |                                        | DD / YYYY                                           |                                           |
| Schedule I: You                                                                                                                                                     | ır Income                                                                                   |                            |                   | IVIIVI 7                               |                                                     | 12/15                                     |
|                                                                                                                                                                     |                                                                                             |                            |                   |                                        |                                                     |                                           |
| Be as complete and accurate as posupplying correct information. If you are separated and your spot separate sheet to this form. On the Part 1:  Describe Employment | ou are married and not fili<br>use is not filing with you, o<br>e top of any additional pag | ng jointly, and you        | ur spo<br>ormatio | use is living with<br>on about your sp | you, include informatio<br>ouse. If more space is n | on about your spouse.<br>needed, attach a |
| 4 Fill in views amoules meant                                                                                                                                       |                                                                                             |                            |                   |                                        |                                                     |                                           |
| Fill in your employment information.                                                                                                                                |                                                                                             | Debtor 1                   |                   |                                        | Debtor 2 or non-fi                                  | ling spouse                               |
| If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers.                                                         | Employment status                                                                           | Employed  Not employe      | ed                |                                        | Employed Not employed                               |                                           |
| Include part-time, seasonal, or self-employed work.                                                                                                                 |                                                                                             | Bookkeeper                 |                   |                                        |                                                     |                                           |
| Occupation may include student or homemaker, if it applies.                                                                                                         | Occupation                                                                                  | KLAMP & A                  |                   | ates, PC                               |                                                     |                                           |
|                                                                                                                                                                     | Employer's name                                                                             |                            |                   |                                        | <del></del>                                         |                                           |
|                                                                                                                                                                     | Employer's address                                                                          | 2000 P Stre                | et NV             | V                                      |                                                     |                                           |
|                                                                                                                                                                     |                                                                                             | Number Street<br>Suite 708 |                   |                                        | Number Street                                       |                                           |
|                                                                                                                                                                     |                                                                                             |                            |                   |                                        |                                                     |                                           |
|                                                                                                                                                                     |                                                                                             | Washington                 | , DC              | 20036                                  |                                                     |                                           |
|                                                                                                                                                                     |                                                                                             | City                       | State             | ZIP Code                               | City                                                | State ZIP Code                            |
|                                                                                                                                                                     | How long employed the                                                                       | re? 3 Years                |                   |                                        |                                                     |                                           |
| Part 2: Give Details About                                                                                                                                          | . Manthly Income                                                                            |                            |                   |                                        |                                                     |                                           |
|                                                                                                                                                                     |                                                                                             |                            |                   |                                        |                                                     |                                           |
| Estimate monthly income as of spouse unless you are separated                                                                                                       | l.                                                                                          | ,                          | Ü                 |                                        |                                                     | ,                                         |
| If you or your non-filing spouse h below. If you need more space, a                                                                                                 |                                                                                             |                            | rmatior           | n for all employers                    | for that person on the line                         | es                                        |
|                                                                                                                                                                     |                                                                                             |                            |                   | For Debtor 1                           | For Debtor 2 or non-filing spouse                   |                                           |
| List monthly gross wages, sal deductions). If not paid monthly,                                                                                                     |                                                                                             |                            | 2.                | \$ 4,692.19                            | \$                                                  |                                           |
| 3. Estimate and list monthly ove                                                                                                                                    | rtime pay.                                                                                  |                            | 3. +              | + \$0.00                               | + \$                                                |                                           |
| 4. Calculate gross income. Add I                                                                                                                                    | ine 2 + line 3.                                                                             |                            | 4.                | \$_4,692.19                            | \$                                                  | ]                                         |
|                                                                                                                                                                     |                                                                                             |                            | L                 |                                        |                                                     | ]                                         |

Official Form 106l Schedule I: Your Income page 1

Nestor Gustavo Milla Doc 1 Filed 03/13/24 Page 32 of 49
Case number (# known)

| 1100101    | Caotavo mina |           |  |
|------------|--------------|-----------|--|
| First Name | Middle Name  | Last Name |  |

|                       |                                                                                                                                                                                                                                                |             | ŀ     | For Debtor 1      |      | For Debtor 2 or non-filing spous | :e           |             |                   |   |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|-------------------|------|----------------------------------|--------------|-------------|-------------------|---|
| Copy lin              | e 4 here                                                                                                                                                                                                                                       | <b>→</b> 4. |       | \$ 4,692.19       |      | \$                               |              |             |                   |   |
|                       | ayroll deductions:                                                                                                                                                                                                                             |             |       |                   |      |                                  |              |             |                   |   |
| 5a. <b>Tax</b>        | x, Medicare, and Social Security deductions                                                                                                                                                                                                    | 5a.         | !     | 1,252.47          |      | \$                               |              |             |                   |   |
|                       | ndatory contributions for retirement plans                                                                                                                                                                                                     | 5b.         |       | \$ 0.00           |      | \$                               |              |             |                   |   |
|                       | untary contributions for retirement plans                                                                                                                                                                                                      | 5c.         |       | 93.84             |      | \$                               |              |             |                   |   |
|                       | quired repayments of retirement fund loans                                                                                                                                                                                                     | 5d.         |       | 122.41            |      | \$                               |              |             |                   |   |
| 5e. Insi              |                                                                                                                                                                                                                                                | 5e.         |       | 9.00              |      | Ψ                                |              |             |                   |   |
|                       | mestic support obligations                                                                                                                                                                                                                     | 5f.         |       | 9.00              |      | Ψ                                |              |             |                   |   |
|                       |                                                                                                                                                                                                                                                |             |       | \$ 0.00           |      | Ψ                                |              |             |                   |   |
| ŭ                     | on dues                                                                                                                                                                                                                                        | 5g.         |       | 0.00              |      | Ψ                                |              |             |                   |   |
| 5n. Oth               | ner deductions. Specify:                                                                                                                                                                                                                       | 5h.         |       | * <del></del>     |      | + \$                             |              |             |                   |   |
|                       |                                                                                                                                                                                                                                                |             |       | §                 |      | \$                               | _            |             |                   |   |
|                       |                                                                                                                                                                                                                                                |             |       | \$<br>\$          |      | \$\$                             | _            |             |                   |   |
|                       |                                                                                                                                                                                                                                                |             | •     |                   |      | Ψ                                | _            |             |                   |   |
| 6. Add the            | e payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.                                                                                                                                                                          | 6.          | \$    | <b></b>           |      | \$                               | _            |             |                   |   |
| 7. Calcula            | ate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                  | 7.          | ,     | 3,223.47          |      | \$                               | _            |             |                   |   |
| 8. List all c         | other income regularly received:                                                                                                                                                                                                               |             |       |                   |      |                                  |              |             |                   |   |
|                       | income from rental property and from operating a business, fession, or farm                                                                                                                                                                    |             |       |                   |      |                                  |              |             |                   |   |
| rece                  | ach a statement for each property and business showing gross eipts, ordinary and necessary business expenses, and the total nthly net income.                                                                                                  | 8a.         | ;     | 61.88             |      | \$                               |              |             |                   |   |
|                       | erest and dividends                                                                                                                                                                                                                            | 8b.         | !     | 0.00              |      | \$                               |              |             |                   |   |
|                       | nily support payments that you, a non-filing spouse, or a depende<br>ularly receive                                                                                                                                                            | ent         |       |                   |      |                                  |              |             |                   |   |
|                       | ude alimony, spousal support, child support, maintenance, divorce element, and property settlement.                                                                                                                                            | 8c.         | ç     | \$0.00            |      | \$                               |              |             |                   |   |
| 8d. <b>Une</b>        | employment compensation                                                                                                                                                                                                                        | 8d.         | ,     | \$0.00            |      | \$                               |              |             |                   |   |
| 8e. <b>Soc</b>        | cial Security                                                                                                                                                                                                                                  | 8e.         | ,     | \$0.00            |      | \$                               |              |             |                   |   |
| Incli<br>that<br>Nuti | ner government assistance that you regularly receive ude cash assistance and the value (if known) of any non-cash assistant you receive, such as food stamps (benefits under the Supplemental rition Assistance Program) or housing subsidies. | nce<br>8f.  | ;     | § 0.00            |      | \$                               |              |             |                   |   |
|                       |                                                                                                                                                                                                                                                | 0~          |       | 0.00              |      | •                                |              |             |                   |   |
|                       | nsion or retirement income                                                                                                                                                                                                                     | 8g.         | ;     | Φ                 |      | \$                               |              |             |                   |   |
| 8h. <b>Oth</b>        | ner monthly income. Specify:                                                                                                                                                                                                                   | 8h.         | + 5   | \$0.00            |      | +\$                              |              |             |                   |   |
| 9. Add all            | <b>other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                                                                                          | 9.          |       | 61.88             |      | \$                               |              |             |                   |   |
|                       | e monthly income. Add line 7 + line 9. entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                      | 10.         |       | 3,285.35          | +    | \$                               | =            | \$3         | 3,285.35          |   |
| Include o             | I other regular contributions to the expenses that you list in <i>Sche</i> econtributions from an unmarried partner, members of your household, you relatives.                                                                                 |             |       | endents, your roo | omm  | nates, and other                 |              |             |                   |   |
|                       | nclude any amounts already included in lines 2-10 or amounts that are                                                                                                                                                                          | not a       | vaila | able to pay expe  | nses | s listed in <i>Schedui</i>       | e J.         |             |                   |   |
| Specify:              |                                                                                                                                                                                                                                                |             |       | · , ·             |      |                                  | 11. <b>+</b> | \$          |                   |   |
|                       | e amount in the last column of line 10 to the amount in line 11. The at amount on the Summary of Your Assets and Liabilities and Certain S                                                                                                     |             |       |                   |      | •                                | 12.          | Ψ——<br>Comb | 3,285.35<br>pined | _ |
| ✓ No.                 | expect an increase or decrease within the year after you file this s. Explain:                                                                                                                                                                 | form?       | ?     |                   |      |                                  |              | mont        | hly income        | , |

| Fill in this i                              | nformation to identify                                    | Wollr case.                                                                                                  |                                                     |             |                 |                                                  |
|---------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|-----------------|--------------------------------------------------|
|                                             |                                                           | your case.                                                                                                   |                                                     |             |                 |                                                  |
| Debtor 1                                    | Nestor Gustavo Milla First Name                           | Middle Name Last Name                                                                                        | Check if this                                       | is:         |                 |                                                  |
| Debtor 2                                    | , <del></del>                                             |                                                                                                              | An amen                                             | ded fil     | ina             |                                                  |
| (Spouse, if filing                          |                                                           | Middle Name Last Name                                                                                        |                                                     |             | •               | etition chapter 13                               |
| United States                               | Bankruptcy Court for the:                                 | District of Maryland (S                                                                                      |                                                     |             | f the following |                                                  |
| Case number<br>(If known)                   |                                                           |                                                                                                              | MM / DD /                                           | YYYY        |                 |                                                  |
| Official                                    | Form 106J                                                 |                                                                                                              |                                                     |             |                 |                                                  |
| Sche                                        | dule J: Yo                                                | ur Expenses                                                                                                  |                                                     |             |                 | 12/15                                            |
| information.                                | -                                                         | essible. If two married people are filined, attach another sheet to this form                                |                                                     | -           |                 | -                                                |
| Part 1:                                     | Describe Your Hou                                         | sehold                                                                                                       |                                                     |             |                 |                                                  |
|                                             | o to line 2.<br>ces Debtor 2 live in a s                  | eparate household?<br>e Official Form 106J-2, <i>Expenses for</i> S                                          | eparate Household of Debtor 2.                      |             |                 |                                                  |
| . Do you ha                                 | ve dependents?                                            | <b>✓</b> No                                                                                                  |                                                     |             |                 |                                                  |
| Do not list                                 | Debtor 1 and                                              | Yes. Fill out this information for                                                                           | Dependent's relationship to<br>Debtor 1 or Debtor 2 |             | Dependent's age | Does dependent live<br>with you?                 |
| Debtor 2.  Do not stat names.               | e the dependents'                                         | each dependent                                                                                               |                                                     | -<br>-<br>- |                 | No Yes |
| expenses                                    | openses include of people other than nd your dependents?  | V <sub>No</sub> □ Yes                                                                                        |                                                     |             |                 |                                                  |
|                                             |                                                           | ng Monthly Expenses                                                                                          |                                                     |             |                 |                                                  |
| Estimate you<br>expenses as<br>applicable d | ir expenses as of your<br>of a date after the ban<br>ate. | bankruptcy filing date unless you a kruptcy is filed. If this is a supplemental povernment assistance if you | ental Schedule J, check the box                     |             | -               |                                                  |
| _                                           |                                                           | I it on Schedule I: Your Income (Offi                                                                        |                                                     |             | Your exper      | nses                                             |
|                                             | I or home ownership eor the ground or lot.                | expenses for your residence. Include                                                                         | first mortgage payments and                         | 4.          | \$              | 1,200.00                                         |
| If not inc                                  | luded in line 4:                                          |                                                                                                              |                                                     |             |                 | 2.22                                             |
| 4a. Rea                                     | l estate taxes                                            |                                                                                                              |                                                     | 4a.         | \$              | 0.00                                             |
| 4b. Prop                                    | perty, homeowner's, or re                                 | enter's insurance                                                                                            |                                                     | 4b.         | \$              | 0.00                                             |
| ·                                           | ne maintenance, repair,                                   |                                                                                                              |                                                     | 4c.         | \$              | 0.00                                             |
|                                             | neowner's association or                                  |                                                                                                              |                                                     | 4d.         | •               | 0.00                                             |

4d.

4d. Homeowner's association or condominium dues

Debtor 1

Nestor Gustavo Milla

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

|                                                                                                                                                                    |                 | Your ex | kpenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|---------|
| 5. Additional mortgage payments for your residence, such as home equity loans                                                                                      | 5.              | \$      | 0.00    |
| 6. Utilities:                                                                                                                                                      |                 |         |         |
| 6a. Electricity, heat, natural gas                                                                                                                                 | 6a.             | \$      | 200.00  |
| 6b. Water, sewer, garbage collection                                                                                                                               | 6b.             | \$      | 100.00  |
| 6c. Telephone, cell phone, Internet, satellite, and cable services                                                                                                 | 6c.             | \$      | 55.00   |
| 6d. Other. Specify:                                                                                                                                                | 6d.             | \$      | 0.00    |
| 7. Food and housekeeping supplies                                                                                                                                  | 7.              | \$      | 466.00  |
| 8. Childcare and children's education costs                                                                                                                        | 8.              | \$      | 0.00    |
| 9. Clothing, laundry, and dry cleaning                                                                                                                             | 9.              | \$      | 143.00  |
| Personal care products and services                                                                                                                                | 10.             | \$      | 93.00   |
| Medical and dental expenses                                                                                                                                        | 11.             | \$      | 53.34   |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>                                             | 12.             | \$      | 250.00  |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books                                                                                              | 13.             | \$      | 65.00   |
| Charitable contributions and religious donations                                                                                                                   | 14.             | \$      | 0.00    |
| <ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>                                              |                 |         |         |
| 15a. Life insurance                                                                                                                                                | 15a.            | \$      | 0.00    |
| 15b. Health insurance                                                                                                                                              | 15b.            | \$      | 0.00    |
| 15c. Vehicle insurance                                                                                                                                             | 15c.            |         | 0.00    |
| 15d. Other insurance. Specify:                                                                                                                                     | 15d.            | \$      | 0.00    |
| . <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:                                                                 | 16.             | \$      | 512.00  |
| 7. Installment or lease payments:                                                                                                                                  |                 |         |         |
| 17a. Car payments for Vehicle 1                                                                                                                                    | 17a.            | \$      | 500.00  |
| 17b. Car payments for Vehicle 2                                                                                                                                    | 17b.            | \$      | 0.00    |
| 17c. Other. Specify:                                                                                                                                               | 17c.            | \$      | 0.00    |
| 17d. Other. Specify:                                                                                                                                               | 17d.            | \$      | 0.00    |
| 3. Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | <b>from</b> 18. | \$      | 0.00    |
| Other payments you make to support others who do not live with you.                                                                                                |                 |         |         |
| Specify:                                                                                                                                                           | 19.             | \$      | 0.00    |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You                                                                       | ur Income.      |         |         |
| 20a. Mortgages on other property                                                                                                                                   | 20a.            | \$      | 0.00    |
| 20b. Real estate taxes                                                                                                                                             | 20b.            | \$      | 0.00    |
| 20c. Property, homeowner's, or renter's insurance                                                                                                                  | 20c.            | \$      | 0.00    |
| 20d. Maintenance, repair, and upkeep expenses                                                                                                                      | 20d.            | \$      | 0.00    |
| 20e. Homeowner's association or condominium dues                                                                                                                   | 20e.            | \$      | 0.00    |

# Case 24-12131 Doc 1 Filed 03/13/24 Page 35 of 49

| Nestor Gustavo Milla<br>Debtor 1 |                       |                    | Case number (if known) |                      |                       |          |      |     |          |
|----------------------------------|-----------------------|--------------------|------------------------|----------------------|-----------------------|----------|------|-----|----------|
|                                  | First Name            | Middle Name        | Last Name              |                      |                       | (        | ,    |     |          |
| Other. S                         | Specify:              |                    |                        |                      |                       |          | 21.  | +\$ | 0.00     |
|                                  |                       |                    |                        |                      |                       |          |      | +\$ |          |
|                                  |                       |                    |                        |                      |                       |          |      | +\$ |          |
| Calcula                          | ate your mor          | thly expenses.     |                        |                      |                       |          |      |     |          |
| 22a. Add                         | d lines 4 thro        | ıgh 21.            |                        |                      |                       |          | 22a. | \$  | 3,637.34 |
| 22b. Co                          | py line 22 (m         | onthly expenses    | for Debtor 2), if any  | y, from Official For | m 106J-2 22c. Add     | line 22a | 22b. | \$  |          |
| and 22b                          | . The result is       | your monthly e     | xpenses.               |                      |                       |          | 22c. | \$  | 3,637.34 |
| Calculate                        | e your montl          | nly net income.    |                        |                      |                       |          |      |     | 2 205 25 |
| 23a. Co                          | py line 12 ( <i>y</i> | our combined mo    | onthly income) from    | Schedule I.          |                       |          | 23a. | \$  | 3,285.35 |
| 23b. Co                          | ppy your mont         | hly expenses fro   | om line 22c above.     |                      |                       |          | 23b. | -\$ | 3,637.34 |
|                                  | -                     |                    | from your monthly      | income.              |                       |          |      | \$  | -351.99  |
| Th                               | e result is you       | ır monthly net in  | come.                  |                      |                       |          | 23c. | Ψ   |          |
| Do you e                         | expect an inc         | rease or decre     | ase in your expen      | ses within the yea   | ar after you file thi | is form? |      |     |          |
| For exam                         | nple, do you e        | expect to finish p | aying for your car le  | oan within the year  | r or do you expect y  | your     |      |     |          |
| mortgage                         | e payment to          | increase or decr   | ease because of a      | modification to the  | e terms of your mort  | tgage?   |      |     |          |
| <b>✓</b> No.                     |                       |                    |                        |                      |                       |          |      |     |          |
| ☐ Yes.                           | Explain h             | ere:               |                        |                      |                       |          |      |     |          |
|                                  |                       |                    |                        |                      |                       |          |      |     |          |
|                                  |                       |                    |                        |                      |                       |          |      |     |          |
|                                  |                       |                    |                        |                      |                       |          |      |     |          |
|                                  |                       |                    |                        |                      |                       |          |      |     |          |

#### Case 24-12131 Doc 1 Filed 03/13/24 Page 36 of 49

| First Name         Middle Name         Last Name           2         if filling)         First Name         Last Name | Last Name | Middle Name | First Name  |                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------|-------------|-------------|-------------------|
|                                                                                                                       |           |             | · not reamo | Debtor 1          |
| if filing) First Name Middle Name Last Name                                                                           |           |             |             | ebtor 2           |
|                                                                                                                       | Last Name | Middle Name | First Name  | pouse, if filing) |
| States Bankruptcy Court for the District of Maryland                                                                  |           |             |             |                   |
| ımber                                                                                                                 |           |             |             | e number          |

# ☐ Check if this is an amended filing

# Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                    |                                                                                                 |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------|
| Did you now or agree to now compone who is NC | OT an atternoy to boln you fill out bankruntoy forms?                                           |
| No                                            | OT an attorney to help you fill out bankruptcy forms?                                           |
| Yes. Name of person                           | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                               |                                                                                                 |
|                                               | ad the summary and schedules filed with this declaration and                                    |
| that they are true and correct.               |                                                                                                 |
| ✗ /s/ Nestor Gustavo Milla                    | ×                                                                                               |
| Signature of Debtor 1                         | Signature of Debtor 2                                                                           |
| Date 03/13/2024 MM / DD / YYYY                | Date MM / DD / YYYY                                                                             |

| 3000 2 : 22202 2 30                                                                   |                                                                                                                                        |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       |                                                                                                                                        |
| Fill in this information to identify your case:                                       |                                                                                                                                        |
| Debtor 1 Nestor Gustavo Milla                                                         |                                                                                                                                        |
| First Name Middle Name Last Name                                                      |                                                                                                                                        |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name                         |                                                                                                                                        |
| United States Bankruptcy Court for the: District of Maryland                          |                                                                                                                                        |
| Case number                                                                           | ☐ Check if this is                                                                                                                     |
| (if know)                                                                             | an amended                                                                                                                             |
|                                                                                       | filing                                                                                                                                 |
|                                                                                       |                                                                                                                                        |
| Official Form 107                                                                     |                                                                                                                                        |
| Statement of Financial Affairs for I                                                  | ndividuals Filing for Bankruptcy 4/22                                                                                                  |
|                                                                                       | ther, both are equally responsible for supplying correct information. If more space is needed, attach                                  |
| a separate sheet to this form. On the top of any additional pages, write your n       |                                                                                                                                        |
| Part 1: Give Details About Your Marital Status and Where Yo                           | ou Lived Before                                                                                                                        |
| 1. What is your current marital status?                                               |                                                                                                                                        |
| ☐ Married                                                                             |                                                                                                                                        |
| ✓ Not married                                                                         |                                                                                                                                        |
| 2. During the last 3 years, have you lived anywhere other than w                      | here you live now?                                                                                                                     |
| <b>☑</b> No                                                                           |                                                                                                                                        |
| $\hfill \square$ Yes. List all of the places you lived in the last 3 years. Do not in | nclude where you live now.                                                                                                             |
|                                                                                       | al equivalent in a community property state or territory? (Community ouisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and |
| ✓ No                                                                                  |                                                                                                                                        |
| Yes. Make sure you fill out Schedule H: Your Codebtors (Offici                        | al Form 106H)                                                                                                                          |
| Part 2: Explain the Sources of Your Income                                            |                                                                                                                                        |
|                                                                                       |                                                                                                                                        |

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 $oldsymbol{
olimits}$ 

| Debtor 1                                  |                                                                                                                                                                                                                       | Debtor 2                                                                                                                                                                                                                                                    |                                                                                                     |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Sources of income<br>Check all that apply | Gross income<br>(before deductions and<br>exclusions)                                                                                                                                                                 | Sources of income<br>Check all that apply                                                                                                                                                                                                                   | Gross income<br>(before deductions and<br>exclusions)                                               |
| ✓ Wages, commissions bonuses, tips        | s,<br>\$ <u>3,263.58</u>                                                                                                                                                                                              | Wages, commissions bonuses, tips                                                                                                                                                                                                                            | s,<br>\$                                                                                            |
| Operating a business                      | 5                                                                                                                                                                                                                     | Operating a business                                                                                                                                                                                                                                        | 3                                                                                                   |
| _                                         |                                                                                                                                                                                                                       | _ ,                                                                                                                                                                                                                                                         | \$,<br>\$                                                                                           |
| _                                         | <del></del>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                             | ·<br>S                                                                                              |
| <del>_</del>                              |                                                                                                                                                                                                                       | _                                                                                                                                                                                                                                                           | s,<br>\$                                                                                            |
|                                           |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                                               |
|                                           | Sources of income Check all that apply  Wages, commissions bonuses, tips Operating a business Wages, commissions bonuses, tips Operating a business Wages, commissions bonuses, tips Wages, commissions bonuses, tips | Sources of income Check all that apply  Wages, commissions, bonuses, tips  Sources of income (before deductions and exclusions)  Wages, commissions, bonuses, tips  Wages, commissions, bonuses, tips  45,800.00  Operating a business  Wages, commissions, | Sources of income (before deductions and exclusions)  Wages, commissions, bonuses, tips \$ 3,263.58 |

**5. Did you receive any other income during this year or the two previous calendar years?** Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Case 24-12131 Doc 1 Filed 03/13/24 Page 38 of 49

Nestor Gustavo Milla
First Name Middle Nam Debtor

Case number(if known)

| ✓ No                                          | n source and the gross income from each source separately. Do not include income that you listed in line 4.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ☐ Yes.                                        | Fill in the details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Part 3:                                       | List Certain Payments You Made Before You Filed for Bankruptcy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Are eith                                   | er Debtor 1's or Debtor 2's debts primarily consumer debts?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                               | Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."                                                                                                                                                                                                                                                                                                                                             |
|                                               | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                               | ☐ No. Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                                                                                                                                                                                                                             |
|                                               | * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ✓ Yes.                                        | Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | ✓ No. Go to line 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.                                                                                                                                                                                                                                                        |
| include y<br>corporat<br>agent, in<br>such as | Lyear before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; ions of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing icluding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, child support and alimony. |
| ✓ No.                                         | List all payments to an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| insider?                                      | Lyear before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an payments on debts guaranteed or cosigned by an insider.                                                                                                                                                                                                                                                                                                                                                        |
| ✓ No.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                               | List all payments that benefited an insider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Part 4:                                       | Identify Legal Actions, Repossessions, and Foreclosures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| List all s                                    | Lyear before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  uch matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, tract disputes.                                                                                                                                                                                                                                                       |
| ✓ No                                          | Fill in the details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| _                                             | Fill in the details.  1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?                                                                                                                                                                                                                                                                                                                                                                                         |
|                                               | all that apply and fill in the details below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | Go to line 11. Fill in the information below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts<br>our accounts or refuse to make a payment because you owed a debt?                                                                                                                                                                                                                                                                                                                                                  |
| <b>✓</b> No                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Yes.                                          | Fill in the details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Official Form 107

Case 24-12131 Doc 1 Filed 03/13/24 Page 39 of 49

Nestor Gustavo Milla
First Name Middle Name Debtor

Case number(if known)

| 12.Within 1 year before you filed for bankruptcy, creditors, a court-appointed receiver, a custo                        | was any of your property in the possession of an assign dian, or another official?                    | ee for the benefit of           |                    |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------|--------------------|
| ✓ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes                                                                                                                     |                                                                                                       |                                 |                    |
| Part 5: List Certain Gifts and Contributions                                                                            |                                                                                                       |                                 |                    |
| 13.Within 2 years before you filed for bankruptcy                                                                       | $\eta$ , did you give any gifts with a total value of more than \$6                                   | 600 per person?                 |                    |
| ✓ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes. Fill in the details for each gift.                                                                                 |                                                                                                       |                                 |                    |
| 14.Within 2 years before you filed for bankruptcy                                                                       | $oldsymbol{y}_i$ , did you give any gifts or contributions with a total value                         | e of more than \$600 t          | o any charity?     |
| ✓ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes. Fill in the details for each gift or contribution                                                                  | ion.                                                                                                  |                                 |                    |
| Part 6: List Certain Losses                                                                                             |                                                                                                       |                                 |                    |
|                                                                                                                         | or since you filed for bankruptcy, did you lose anything b                                            | pecause of theft, fire,         | other disaster, or |
| gambling?                                                                                                               |                                                                                                       |                                 |                    |
| ✓ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes. Fill in the details.                                                                                               |                                                                                                       |                                 |                    |
| Part 7: List Certain Payments or Transfers                                                                              |                                                                                                       |                                 |                    |
| 16 Within 1 year hefers you filed for hentruntay                                                                        | did you or anyone also acting an your babalf nay or tran                                              | ofor only proporty to           |                    |
| anyone you consulted about seeking bankrup                                                                              | did you or anyone else acting on your behalf pay or tran<br>otcy or preparing a bankruptcy petition?  | isier any property to           |                    |
| Include any attorneys, bankruptcy petition prepar                                                                       | rers, or credit counseling agencies for services required in you                                      | ur bankruptcy.                  |                    |
| □ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes. Fill in the details.                                                                                               |                                                                                                       |                                 |                    |
|                                                                                                                         | Description and value of any property transferred                                                     | Date payment or<br>transfer was | Amount of payment  |
|                                                                                                                         |                                                                                                       | made                            | payment            |
|                                                                                                                         |                                                                                                       | 01/15/2024                      | \$ <u>1,150.00</u> |
| Bankruptcy Near Me, LLC Person Who Was Paid                                                                             | _                                                                                                     |                                 | \$                 |
| 10605 Concord Street                                                                                                    |                                                                                                       |                                 |                    |
| Number                                                                                                                  | _                                                                                                     |                                 |                    |
| Street<br>440                                                                                                           | _                                                                                                     |                                 |                    |
| Kensington MD 20895                                                                                                     |                                                                                                       |                                 |                    |
| City State ZIP Code                                                                                                     | _                                                                                                     |                                 |                    |
| City State Zir Code                                                                                                     | _                                                                                                     |                                 |                    |
| Email or website address                                                                                                | _                                                                                                     |                                 |                    |
| Person Who Made the Payment, if Not You                                                                                 |                                                                                                       |                                 |                    |
| 17.Within 1 year before you filed for bankruptcy,                                                                       | did you or anyone else acting on your behalf pay or tran                                              | sfer any property to            |                    |
| Do not include any payment or transfer that you                                                                         | our creditors or to make payments to your creditors?                                                  |                                 |                    |
| √ No                                                                                                                    |                                                                                                       |                                 |                    |
| Yes. Fill in the details.                                                                                               |                                                                                                       |                                 |                    |
| _                                                                                                                       |                                                                                                       |                                 |                    |
| 18.Within 2 years before you filed for bankruptcy<br>property transferred in the ordinary course of                     | /, did you sell, trade, or otherwise transfer any property to<br>tyour business or financial affairs? | o anyone, other than            |                    |
| Include both outright transfers and transfers mad<br>Do not include gifts and transfers that you have a                 | e as security (such as the granting of a security interest or mo                                      | ortgage on your prope           | rty).              |
| ✓ No                                                                                                                    | •                                                                                                     |                                 |                    |
| Yes. Fill in the details.                                                                                               |                                                                                                       |                                 |                    |
|                                                                                                                         |                                                                                                       |                                 |                    |
| 19.Within 10 years before you filed for bankrupto                                                                       | cy, did you transfer any property to a self-settled trust or                                          | similar device of whi           | ch                 |
| <ul><li>19.Within 10 years before you filed for bankrupto you are a beneficiary? (These are often called a No</li></ul> | cy, did you transfer any property to a self-settled trust or asset-protection devices.)               | similar device of whi           | ch                 |

Case 24-12131 Doc 1 Filed 03/13/24 Page 40 of 49

Nestor Gustavo Milla Debtor

Case number(if known)

| Part 8: List Certain Financial Acc                                                                                                                                     | ounts, Instruments, Safe Depos           | sit Boxes, and Storage U                                              | Jnits                                                      |                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|--|
| 20.Within 1 year before you filed for<br>closed, sold, moved, or transferre<br>Include checking, savings, money<br>brokerage houses, pension funds                     | ed?<br>/ market, or other financial acco | ounts; certificates of dep                                            | oosit; shares in banks, c                                  | •                                       |  |
| □ No                                                                                                                                                                   | , cooperatives, associations, an         | ia otrici ilianolai iliotta                                           | idons.                                                     |                                         |  |
| Yes. Fill in the details.                                                                                                                                              |                                          |                                                                       |                                                            |                                         |  |
|                                                                                                                                                                        | Last 4 digits of account number          | Type of account or instrument                                         | Date account was<br>closed, sold, moved,<br>or transferred | Last balance before closing or transfer |  |
| Capital One - 1472 Name of Financial Institution                                                                                                                       | XXXX- <u>1 4 7 2</u>                     | <ul><li>✓ Checking</li><li>✓ Savings</li><li>✓ Money market</li></ul> | 02/01/2024                                                 | \$ 60.00                                |  |
| Number<br>Street<br>Kensington MD 20895                                                                                                                                |                                          | Brokerage                                                             |                                                            |                                         |  |
| City State ZIP Code                                                                                                                                                    |                                          | Other                                                                 |                                                            |                                         |  |
| securities, cash, or other valuable  ✓ No  ☐ Yes. Fill in the details.  22.Have you stored property in a sto  ✓ No  ☐ Yes. Fill in the details.                        |                                          | ur home within 1 year b                                               | efore you filed for bankr                                  | uptcy                                   |  |
| Part 9: Identify Property You Hol                                                                                                                                      | d or Control for Someone Else            |                                                                       |                                                            |                                         |  |
| 23.Do you hold or control any proper or hold in trust for someone.                                                                                                     | rty that someone else owns? Inc          | clude any property you                                                | borrowed from, are stori                                   | ing for,                                |  |
| ✓ No  ☐ Yes. Fill in the details.                                                                                                                                      |                                          |                                                                       |                                                            |                                         |  |
| Part 10: Give Details About Environmental Information                                                                                                                  |                                          |                                                                       |                                                            |                                         |  |
| For the purpose of Part 10, the follow                                                                                                                                 | ving definitions apply:                  |                                                                       |                                                            |                                         |  |
| <ul> <li>Environmental law means any fed<br/>hazardous or toxic substances, we<br/>including statutes or regulations</li> </ul>                                        | astes, or material into the air, la      | and, soil, surface water,                                             | groundwater, or other m                                    |                                         |  |
| Site means any location, facility, of it or used to own, operate, or utilized.                                                                                         |                                          | y environmental law, wh                                               | nether you now own, ope                                    | erate, or utilize                       |  |
| Hazardous material means anythi<br>substance, hazardous material, pr                                                                                                   |                                          |                                                                       | , hazardous substance, t                                   | toxic                                   |  |
| Report all notices, releases, and pro                                                                                                                                  | ceedings that you know about, ı          | regardless of when they                                               | occurred.                                                  |                                         |  |
| 24.Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☑ No ☐ Yes. Fill in the details. |                                          |                                                                       |                                                            |                                         |  |
| 25.Have you notified any governmen                                                                                                                                     | ıtal unit of any release of hazard       | lous material?                                                        |                                                            |                                         |  |
| ✓ No ☐ Yes. Fill in the details.                                                                                                                                       |                                          |                                                                       |                                                            |                                         |  |
| 26.Have you been a party in any judi                                                                                                                                   | cial or administrative proceedin         | g under any environme                                                 | ntal law? Include settlen                                  | nents and orders.                       |  |
| ✓ No ☐ Yes. Fill in the details.                                                                                                                                       |                                          |                                                                       |                                                            |                                         |  |
| Part 11: Give Details About Your                                                                                                                                       | Business or Connections to Any           | y Business                                                            |                                                            |                                         |  |

Case 24-12131 Doc 1 Filed 03/13/24 Page 41 of 49

Nestor Gustavo Milla Case number(if known) Debtor 27. A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. ✓ Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or Nestor Milla Bookkeeping ITIN. **Business Name** 2704 Calgary Avenue EIN: 2 1 - 4 0 2 1 2 3 7 Number Street 2704 Calgary Avenue Name of accountant or bookkeeper Dates business existed Nestor Milla From 08/01/2021 To 07/01/2023

| 28. Within 2 years before you filed for bankruptcy, | did you give a financial sta | tatement to anyone about yo | our business? Include all financia |
|-----------------------------------------------------|------------------------------|-----------------------------|------------------------------------|
| institutions, creditors, or other parties.          |                              |                             |                                    |

✓ No. None of the above applies. Go to Part 12.

MD 20895 State ZIP Code

Kensington MD

Yes. Check all that apply above and fill in the details below for each business.

Case 24-12131 Doc 1 Filed 03/13/24 Page 42 of 49

Nestor Gustavo Milla
First Name Middle Name Debtor

Case number(if known)

| Part 12: Sign Below                      |                                                                                                                                                                                                                                                                              |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| answers are true and correct. I understa | nt of Financial Affairs and any attachments, and I declare under penalty of perjury that the nd that making a false statement, concealing property, or obtaining money or property by fraud in result in fines up to \$250,000, or imprisonment for up to 20 years, or both. |
| ✗ /s/ Nestor Gustavo Milla               | <u> </u>                                                                                                                                                                                                                                                                     |
| Signature of Debtor 1                    | Signature of Debtor 2                                                                                                                                                                                                                                                        |
| Date <u>03/13/2024</u>                   | Date                                                                                                                                                                                                                                                                         |
| Did you pay or agree to pay someone w    | no is not an attorney to help you fill out bankruptcy forms?                                                                                                                                                                                                                 |
| <b>—</b>                                 |                                                                                                                                                                                                                                                                              |
| ✓ No                                     |                                                                                                                                                                                                                                                                              |

Bank of America PO BOX 982238 El Paso, TX 79998

Barclays Bank/Banana Republic 125 South West Street Wilmington, DE 19801

Capital One P.O. Box 30273 Salt Lake City, UT 84103

Capital One, N.A. P.O. Box 30273 Salt Lake City, UT 84103

Chase Credit Cards PO Box 15123 Wilmington, DE 19850

Citicards CBNA 5800 South Corporate Place Mail Code 234 Sioux Falls, SD 57108

Comenity - Cesar Rewards Visa PO Box 650960 Dallas, TX 75265

Comptroller of Maryland PO Box 8888 Annapolis, MD 21401

Discover Bank PO Box 15316 Wilmington, DE 19850

Goldman Sachs P.O. Box 70321 Philadelphia, PA 19176

GS Bank - General Motors 200 West Street New York, NY 10282

JPMCB 301 N Walnut Street Floor 09 Wilmington, DE 19801 JPMCB 4125 Windward Plaza Floor 09 Alpharetta, GA 30005

Lending Club Bank, NA 595 Market Street Suite 200 San Francisco, CA 94105

Lending Club Bank, NA 595 Market Street Suite 200

Macy's/Citibank N.A. 911 Duke Boulevard Mason, OH 45040

Mastercard PO Box 17051 Baltimore, MD 21297

Navient PO BOX 9655 Wilkes Barre, PA 18773

Syncb/GAP 4125 Windward Plaza Alpharetta, GA 30005

THD/CBNA
One Court Square
Long Island City, NY 11120

The Home Depot/Citibank P.O. Box 6497 Sioux Falls, SD 57117

### United States Bankruptcy Court District of Maryland

| In re: Ne | estor Gustavo Milla                                      | Case No.                                                        |
|-----------|----------------------------------------------------------|-----------------------------------------------------------------|
|           | Debtor(s)                                                | Chapter 7                                                       |
|           | Verifica                                                 | ition of Creditor Matrix                                        |
|           | e above-named Debtor(s) I correct to the best of their k | hereby verify that the attached list of creditors is knowledge. |
| Date:     | 03/13/2024                                               | /s/ Nestor Gustavo Milla Signature of Debtor                    |
|           |                                                          | Signature of Joint Debtor                                       |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter | 7: | Liquidation |
|---------|----|-------------|
|         |    |             |

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$78  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$338 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$571   | administrative fee |
|   | \$1.738 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.